

5-2012

CHIEF STUDENT AFFAIRS OFFICERS' INTERPRETATION AND IMPLEMENTATION OF THE MINIMUM LEGAL DRINKING AGE AND THE AMETHYST INITIATIVE: A DISCURSIVE POLICY ANALYSIS

Rebecca Caldwell

Clemson University, rebeccacaldwell19@gmail.com

Follow this and additional works at: https://tigerprints.clemson.edu/all_dissertations

 Part of the [Educational Administration and Supervision Commons](#)

Recommended Citation

Caldwell, Rebecca, "CHIEF STUDENT AFFAIRS OFFICERS' INTERPRETATION AND IMPLEMENTATION OF THE MINIMUM LEGAL DRINKING AGE AND THE AMETHYST INITIATIVE: A DISCURSIVE POLICY ANALYSIS" (2012). *All Dissertations*. 890.

https://tigerprints.clemson.edu/all_dissertations/890

This Dissertation is brought to you for free and open access by the Dissertations at TigerPrints. It has been accepted for inclusion in All Dissertations by an authorized administrator of TigerPrints. For more information, please contact kokeefe@clemson.edu.

CHIEF STUDENT AFFAIRS OFFICERS' INTERPRETATION AND
IMPLEMENTATION OF THE MINIMUM LEGAL DRINKING AGE AND THE
AMETHYST INITIATIVE: A DISCURSIVE POLICY ANALYSIS

A Dissertation
Presented to
the Graduate School of
Clemson University

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy
Educational Leadership

by
Rebecca Jane Caldwell
May 2012

Accepted by:
Dr. Pamela A. Havice, Committee Chair
Dr. Tony W. Cawthon
Dr. James Satterfield
Dr. Jason Cassidy

ABSTRACT

High-risk drinking is an endemic health and safety issue for college campuses in the United States (U.S.). While public health officials have recommended various models for campus alcohol prevention efforts, in 2008 a group of college presidents recommended a controversial strategy: reconsidering the U.S. minimum legal drinking age (MLDA). The primary purpose of this study was to explore how Chief Student Affairs Officers (CSAOs) describe the impact of the Minimum Legal Drinking Age (MLDA) on high-risk drinking and alcohol-related issues on college and university campuses. The secondary purpose was to describe the impact of the Amethyst Initiative (AI), the aforementioned effort to re-examine the MLDA, on CSAOs who work on campuses that did and did not sign the AI.

Discursive methods of policy analysis (Fischer, 2003) were used to address the research questions, specifically interpretive policy analysis (Yanow, 2000) and discourse analysis (Gee, 2005, 2011). Analyses included a discourse analysis of the Amethyst Initiative Presidential Statement and discourse analysis of interviews with CSAOs. Participants were eight CSAOs from campuses whose presidents signed the AI and eight CSAOs from similar campuses that did not sign the AI.

The CSAOs in this study approached alcohol abuse prevention with a focus on preventing dangerous and irresponsible drinking rather than underage drinking. CSAOs attempted to develop a balanced approach to prevention and enforcement efforts, as they simultaneously balanced the complex roles of a CSAO with various campus constituents.

CSAOs who participated in this study expressed a range of beliefs about the changeability of campus alcohol abuse issues and the possible effects of a lower MLDA.

Individually, the CSAOs who participated in this study expressed a variety of viewpoints about the MLDA and the AI, whether or not their president signed the AI. Three-quarters expressed some level of personal opposition to the current MLDA, but all cited policy enforcement as an important tool in addressing alcohol abuse on their campuses. The CSAOs in this study displayed a broad range of involvement by their president in the decision whether or not to sign the AI.

Overall, the AI had little impact on CSAOs' interpretation and implementation of the MLDA. Participants from both AI and non-AI institutions reported that the AI failed to capture the attention and imagination of their campuses and the broader culture.

DEDICATION

This dissertation is dedicated to my wife Cloe and my son Larson; you are my dream come true. Also to my parents, David and Barbara Caldwell, for instilling my love of learning and giving me a lifetime of love and support, as well as my brother Ethan and my nieces Emily Rose and Madelynn Rae and my nephew Taylor David. Thanks to you all for letting me pursue my passion. I offer you all my love and support to pursue yours.

ACKNOWLEDGMENTS

First and foremost, I'd like to thank my chair, Dr. Pam Havice. Thank you for your encouragement, guidance, and positivity. It was a sincere pleasure to work with you. I'd like to thank my entire committee, Dr. Tony Cawthon, Dr. James Satterfield, and Dr. Jason Cassidy. The path wasn't always clear, but your guidance and wisdom helped this study to come together. Thank you for your encouragement, support, and work alongside me. I'd like to thank my entire Clemson faculty for a great experience in this doctoral program. Special thanks to Dr. Janie Clark Lindle, who helped so much with my writing at the start and helped my final process with crucial conversations at a pivotal moment.

My colleagues in the office put up with my crazy schedule and encouraged me to keep going: Becky Stancil, Isis Arrieta-Dennis, Aimee Hourigan, Jen Adler, Diane Edwards, Dee Casey, Kathy Ross, Danielle Dorn, Adam Tate, and Adam Hall. Every day, we suit up and do tough work that really matters. You have my admiration and my gratitude. And to my sweet Ms. B, thanks for sticking it out until I was done.

Thank you to the leadership in the Division of Student Affairs at UNCW who made room for me to pursue my degree: Vice Chancellor Pat Leonard, Dr. Mike Walker, and Dr. Brian Victor. Thanks to my work pals who kept me sane and moving forward: Katrin Wesner, Jennie McNeilly, Larry Wray, Amy Hector, Dr. Matt Mayhew, Dr. Nathan Lindsay, Dr. Donna Chapa-Crowe, Dr. Peggy Turner, and Abby Knight.

Special thanks to our dear friends Katie Peel, Amy Schlag, Lori Messinger, and Boo Tyson for spending Sunday afternoons with Cloe and Larson during the last crucial months of writing.

I have been blessed with a special group of women in my life who have mentored and inspired me. Thanks to Dr. Ruth Harper for your on-going mentorship. I operate daily based on the values you taught me about work and life. Our relationship is so special to me. Lastly, a special thanks to Tracy Riddle, a woman who taught me to approach this work with equal parts laughter and love.

TABLE OF CONTENTS

	Page
TITLE PAGE	i
ABSTRACT.....	ii
DEDICATION	iv
ACKNOWLEDGMENTS	v
LIST OF TABLES	x
LIST OF FIGURES	xi
CHAPTER	
I. NATURE OF THE PROBLEM.....	1
Introduction.....	1
Statement of the Problem.....	5
Purpose of the Study	6
Research Questions.....	6
Theoretical Framework	6
Research Design and Methodology	7
Significance of the Study	9
Limitations and delimitations	10
Definition of Terms.....	11
Organization of the Study	12
II. REVIEW OF THE LITERATURE	14
Introduction.....	14
College Alcohol Use	15
Prevention Theories	18
Amethyst Initiative.....	28
Minimum Legal Drinking Age (MLDA).....	33
Chief Student Affairs Officers (CSAOs)	41
Theoretical Framework	48
Chapter Summary	53

Table of Contents (Continued)

	Page
III. METHODOLOGY	55
Introduction.....	55
Study Design and Research Paradigm	55
Research Questions	59
Sample Selection.....	59
Data Collection	62
Interview Protocol.....	63
Data Analysis	67
Researcher Statement of Positionality	70
Trustworthiness.....	72
Pilot Study.....	73
Chapter Summary	74
IV. RESULTS	76
Introduction.....	76
Participant Demographics.....	77
Participant Profiles.....	78
Document Analysis: AI Presidential Statement.....	84
Implementation of the MLDA	89
Interpretation of the AI	133
Chapter Summary	155
V. CONCLUSIONS.....	161
Introduction.....	161
Theoretical Implications	164
Implications for Policy and Practice	169
Limitations	174
Recommendations for Further Study	176
APPENDICES	179
A: Presidential Statement, The Amethyst Initiative	180
B: IRB Approval of Dissertation Study.....	181
C: Informed Consent Participant Form.....	184
D: Interview Questions	186
E: Pilot Study Interview Questions	189
F: IRB Approval of Pilot Study.....	190

Table of Contents (Continued)

Page

REFERENCES	192
------------------	-----

LIST OF TABLES

Table	Page
2.1 Overview of Amethyst Initiative campuses	32
3.1 Summary of sample goals and study sample for Amethyst Initiative and non-Amethyst Initiative participants, by institutional characteristics and regional location	62
4.1 Research participant demographics for Amethyst Initiative campuses	77
4.2 Research participant demographics for non-Amethyst Initiative campuses.....	78

LIST OF FIGURES

Figure	Page
2.1 3 in 1 framework.....	22
2.2 Representation of Chief Student Affairs Officer as interpreter and stakeholder for the Minimum Legal Drinking Age and the Amethyst Initiative.....	52
3.1 Map of interview protocol to research questions and core concepts of interpretive policy analysis and discourse analysis.....	65-66
5.1 Logic model illustration of the problem, intervention, short- term and long-term outcomes related to under 21 year old drinking as seen by participant CSAOs and MLDA policy proponents.....	166

CHAPTER I

NATURE OF THE PROBLEM

Introduction

Researchers examining college campuses reported that high-risk drinking remains a persistent public health threat and a perennial problem for college administrators (DeJong & Langford, 2002; National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2007; Wechsler & Nelson, 2010). College students, age 18-24, engaged in more binge drinking than other 18-24 year olds (45.7% versus 40.2%), despite the fact that college-bound high school students drank less often than their non-college bound peers (Dawson, Grant, Stinson, & Chou, 2004; Hingson, 2010). Despite sustained prevention efforts, the national level of high-risk drinking among college students has increased. Between 1999 and 2005, the percentage of 18-24 year old college students who engaged in binge drinking increased from 41.7% to 45.2% (Hingson, 2010).

Perceptions of the contributing factors to high-risk drinking among college students and the weight of such factors remained varied. One of the most controversial potential factors was the minimum legal drinking age (MLDA), which has been set at age 21 in all 50 states in the United States (U.S.) since 1984. The MLDA was a strongly supported public policy (Carroll, 2007; Wagenaar & Toomey, 2002). According to a July 2007 Gallup poll, more than three in four adults in the U.S. (77%) opposed a federal law to lower the drinking age to 18 (Carroll, 2007). In that same study, six in 10 Americans supported stricter penalties for underage drinking (Carroll, 2007).

The MLDA was also considered an effective policy (Centers for Disease Control and Prevention [CDC], 2011; Higher Education Center, 2011; NIAAA, 2002). The National Highway Transportation Safety Administration estimated that minimum drinking age laws have saved 26,333 lives since 1975 (Fell, 2008). Between 2006 and 2009, national attention was strongly focused on preventing underage drinking. This attention was evidenced by the publication of the *Surgeon General's Call to Action to Prevent and Reduce Underage Drinking* (U.S. Department of Health and Human Services [DHHS], 2007), as well as Congress passing the federal STOP (Sober Truth on Preventing) Underage Drinking Act (2006).

In stark opposition to this federal focus, in the summer of 2008, a movement was announced called the Amethyst Initiative (AI). The AI was a statement by college presidents asking for the national debate on the MLDA to be re-visited. One hundred and nineteen college presidents originally signed the AI when it was announced (Inaba, 2008), and currently, 136 college presidents have signed (Amethyst Initiative, 2012).

Presidents who signed the Amethyst Initiative proposed that the age 21 MLDA created a culture of clandestine drinking by youth and prevented universities from providing effective alcohol education (Amethyst Initiative, 2008). The AI campuses acknowledged that their students have alcohol issues and that alcohol issues were a significant drain on resources and campus culture, but these college presidents suggested a solution that was in direct opposition to the dominant paradigm in alcohol abuse prevention.

After an initial period of high media coverage in the summer and fall of 2008, media attention to the AI faded. However, campuses continued to have to navigate a law that many students disregarded. Over half of full-time undergraduate college students were under the age of 21, but over 84% of college students reported drinking alcohol in the last year (Southern Illinois University [SIU], CORE Institute, 2008; Wechsler & Nelson, 2010). Therefore, the MLDA remained an issue that campuses needed to negotiate.

The Chief Student Affairs Officer (CSAO) role on U.S. college and university campuses has evolved from Dean of Women and Dean of Men positions appointed to chaperone, discipline, and guide the moral development of students (Schwartz, 2003) to a key member of a senior administrative team (Sandeen, 1991). The CSAOs acted as not only the students' advocate, but as the campus expert on student development and holistic learning (Brown, 1997; Sandeen, 2004). The CSAO oversaw the major student development functions of most universities, such as residential life, crisis intervention, student conduct, first-year programs, student health, health education, and formal and informal parent relations (Heida, 2006; Sandeen, 1991; Westfall, 2006).

Within the institutional milieu, presidents and other senior administrators expected the CSAO to address problems that had developed among the student population, including alcohol and substance abuse and its effect on the campus community (Brown, 1997; Sandeen, 1991). Although there have been calls for presidential leadership on campus alcohol issues (Presidents Leadership Group, 1997), the CSAO was acknowledged to ultimately set the tone and the direction for how a

campus addresses the issue of high-risk drinking (Broughton & Molasso, 2006; Glassman, 2002; Sandeen & Barr, 2006). Yet, research on how CSAOs perceived the problem of high-risk drinking on campus and led the campus effort to address alcohol-related issues remained unpublished in scholarly journals of higher education and public health. There was a need to explore the leadership experiences of the CSAO as the campus authority ultimately charged to address the complex issue of high-risk drinking. In this study, CSAOs' leadership in the implementation of the MLDA and the effect of the AI on their role as policy implementer provided insight into the broader CSAO role in alcohol abuse prevention.

College leaders have been directly criticized by the alcohol research community. In a recent article about college drinking rates, the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) Director of Epidemiology and Prevention Research Ralph Hingson (2010) wrote:

It is ironic that binge drinking and driving under the influence of alcohol continues to rise, and unintentional injuries attributable to alcohol did not decline during a period of time when there was considerable expansion of the scientific literature and knowledge base regarding how to reduce drinking and related harms among college students. (p. 52)

This criticism was reinforced by recent findings that college campuses were not using strategies that have been empirically validated to be effective with college students. Only half of 351 institutions surveyed in a 2010 study used effective individual interventions, such as brief motivational interviewing, and only one-third collaborated

with their communities on alcohol control policies (Nelson, Toomey, Lenk, Erickson, & Winters, 2010).

Statement of the Problem

High-risk drinking remained an entrenched public health issue on college campuses. Alcohol use among college students was attributed to causing over 1,800 deaths per year, along with almost 600,000 injuries, 700,000 assaults, and 100,000 sexual assaults (Hingson, Zha, & Weitzman, 2009). In 2008, in the midst of renewed federal attention to enforcing the MLDA, a group of college presidents stood in stark opposition by announcing their desire to re-visit the age 21 MLDA in a movement called the Amethyst Initiative (AI). Recent epidemiological research has shown that the higher drinking age was linked to less binge drinking for most people age 18-24, with the exception of college students (Gruca, Norberg, & Bierut, 2009). Alcohol researchers have posited explanations (Gruca et al., 2009; Wechsler & Nelson, 2010), but campus leaders have not contributed to the conversation in the scholarly literature on high-risk drinking prevention.

CSAOs, as the chief campus authority charged with alcohol abuse prevention and control efforts, were educational leaders attempting to address a major public health challenge. The AI was a significant and appropriate event to frame a study of how CSAOs perceived high-risk drinking on their campus, how they led alcohol abuse prevention efforts, how they implemented the MLDA, and how the AI affected their work.

Purpose of the Study

The primary purpose of this study was to explore how Chief Student Affairs Officers (CSAOs) describe the impact of the Minimum Legal Drinking Age (MLDA) (1984) on high-risk drinking and alcohol-related issues on college and university campuses. The secondary purpose was to describe the impact of the Amethyst Initiative (AI) (2008) on CSAOs who work on campuses that did and did not sign the AI. This study aimed to document this unique historical phenomenon, and to explore its meaning within the context of educational leadership and public health perspectives on college alcohol use. The experiences of CSAOs from campuses that did and did not sign the AI were examined, using methods that illuminated the context of how the CSAOs view the problem of high-risk drinking on their campus and describe their campus alcohol abuse prevention efforts.

Research Questions

Specifically, the following research questions guided this study:

1. How do Chief Student Affairs Officers interpret the Minimum Legal Drinking Age?
2. How has the Amethyst Initiative affected Chief Student Affairs Officers' interpretation and implementation of the Minimum Legal Drinking Age?

Theoretical Tradition

Research on how CSAOs perceive the problem of high-risk drinking on campus and lead campus alcohol abuse prevention efforts remains limited. Therefore, there was a need to explore the leadership experiences of the CSAO as the campus authority

ultimately charged to address the complex issue of alcohol abuse on campus. An appropriate theoretical framework for such a study must be capable of capturing the complexity of the problem, the context of the institutional cultures in which it appears, and the multiple influences on the institutional leaders addressing the problem.

Interpretivism views all knowledge and meaning as constructed by human beings as they interact with the world, rather than as an objective truth being discovered by human beings (Creswell, 2009; Crotty, 1998; Yanow, 1996). Since humans construct meaning by interacting with the world, humans' interpretations of that world are developed within a social, cultural, and historical context (Creswell, 2009; Crotty, 1998). Thus, the researcher chose an interpretive theoretical perspective to guide the overall development and implementation of the study.

This was a qualitative study, using a discursive approach to policy studies (Fischer, 2003). Interpretive policy analysis provides a theoretical lens through which to understand the meanings that policies have to human actors, the values, feelings, and emotions attached to policy meanings, and the how those meanings are expressed to and interpreted by human audiences (Yanow, 1996). CSAOs were the primary interpreters of the MLDA on college campuses and that interpretation would have been highlighted and possibly affected by a recent event, the AI, whether or not their particular president signed onto the AI.

Research Design and Methodology

The research questions were addressed through discursive methods of interpretive policy analysis, namely discourse analysis of documents and individual topical interviews

(Glesne, 2006; Yanow, 2000). Discourse analysis examines the structure and content of lines of reasoning found within the data (Clark, 2007) to reveal how discourses are constructed and how discourses affect human action (Allen, Gordon, & Iverson, 2006; Fischer, 2003).

The participating CSAOs were identified through a two-stage process. First, a stratified purposeful sample was developed from the entire sampling frame of the 136 institutions that signed the Amethyst Initiative. Once the criteria for stratifying the sample for the AI campuses were set, a comparison sample was drawn from a stratified random sample of non-AI campuses that fit the sample criteria. The study data consisted of interviews with these CSAOs and the AI Presidential Statement document.

The interview protocol was designed to address the two research questions. Questions that explored both the CSAOs' theoretical and personal philosophy and specific examples elicited comments from the CSAOs that described how they conceptualize high-risk drinking as a problem on their campus and how the problem is addressed under their leadership. The interview explored how CSAOs interpret and implement the MLDA, which has not been documented in a published qualitative study. Lastly, the interview documented the unique historical perspective of the experience of being a CSAO during the launch of the AI regardless of whether their campus signed the AI or not.

Discourse analysis methods discovered and illuminated the discourses used by the CSAOs as they described their context-specific experiences (Gee, 2005, 2011). Careful attention was paid to the influencing factors on how the discourses constructed and

shaped the definition of the problem, including institutional context, relationship to the senior leadership, student development influence, public health influence, and personal beliefs.

Significance of the Study

This research project had the potential for impact in several ways. The CSAO is a significant figure on the U.S. college campus, yet the published scholarship on this group was minimal. This study not only added to the scholarship, but potentially was the first to specifically explore perspectives of CSAOs on high-risk drinking on college campuses. This topic was important, since recent scholarship revealed that alcohol-related problems on college campuses are actually worsening (Hingson, 2010; Hingson et al., 2009). While the MLDA was considered an effective public policy, its effects were not as strong among college students (Gruza et al., 2009). This study provided insight into this effect by exploring how the MLDA was implemented by key campus leaders.

The literature in the field of public health and higher education expressed different conclusions about the status of potential solutions to the problem. Public health officials expressed frustration that higher education had not adopted effective prevention efforts (Hingson, 2010), while higher education scholars declared that there was little research grounded in theory (Broughton & Molasso, 2006). This study helps to begin to bridge the gap between these two constituents. The fields of public health and higher education will have to work together to make progress on this persistent, endemic problem (Hingson, 2010). CSAOs are the primary campus leaders charged to address high-risk drinking on campus and their voices must be added to the conversation.

The findings of this study may be used to enhance or re-frame the current theoretical models on collegiate alcohol prevention, enhance the recommended alcohol prevention strategies for college campuses, and address specific roadblocks to the implementation of effective strategies. Lastly, the Amethyst Initiative was a unique phenomenon that should be documented and understood within the larger context of collegiate alcohol abuse prevention and higher education leadership.

Limitations and Delimitations

There were several limitations of this study. First, although the AI continued, the period of the AI announcement and public response were time-specific. The timeline of this study placed the interviews almost three years after the main announcement. Second, for the AI sample, there was a small and specific population for this study of no more than 136 CSAOs; departures and retirements further minimized the pool. Third, there was the challenge of establishing a trusting connection with participants to not only recruit participants but to gain genuine responses. The researcher's public identity (as a grantee, researcher, and professional) could have been a help or hindrance, passing as a possible expert or a threat. The limited research on CSAOs highlighted the central importance of loyalty to the president and maintenance of institutional image, which had to be negotiated carefully and could have inhibited genuine responses from the participants. Fourth, although a variety of colleges and universities signed the AI, the sample was not representative of all types of institutions. The CSAOs from non-AI institutions were recruited to create a sample similar to the AI campuses. Therefore, the

findings from this interpretive study of sixteen CSAOs may have limited transferability to other campus settings.

Definition of Terms

The following terms are defined to clarify the researcher's intent in the study.

Amethyst Initiative (AI): A group of college presidents who signed a statement which criticized the effectiveness of the U.S. MLDA and called for an “informed and unimpeded” debate on the age 21 MLDA (Amethyst Initiative, 2008).

Chief Student Affairs Officers (CSAOs): The individual who holds the highest ranking student affairs position on their respective campus. This is often a Vice President level position that reports to the President. It may or may not be the same as the Dean of Students position (Sandeen, 1991; Sandeen & Barr, 2006).

Discourse: A discourse is a specific ensemble of ideas, concepts, and categorizations that are produced, reproduced, and transformed to give meaning to physical and social relations (Allen, 2003; Hajer, 1993; Fischer, 2003). Discourses produce and replicate a given reality (Allen, 2003).

High-Risk Drinking: High-risk drinking is inclusive of “binge drinking” and other alcohol use that endangers the health and safety of the drinker and others, as well as the negative consequences of alcohol misuse (Higher Education Center, 2010). The researcher includes underage drinking, i.e. drinking by people under the MLDA, within the term “high-risk drinking” due to both its legal consequences for the drinker and the epidemiological research on the effects of underage drinking (Higher Education Center, 2010).

Policy Implementation: The execution of a policy by an agent with authority over the policy to achieve its desired outcome (Yanow, 2000). CSAOs are the implementers of key policies related to student life, including the MLDA.

Policy Interpretation: Both the symbolic and substantive meanings that individuals and communities make of policy or policy discourse. This is inclusive of how policy meanings are both communicated to and read by key audiences (Yanow, 2000). The meanings that the audiences make are influenced by how they “frame” the problem and their beliefs, values, and perceptions of social reality (Schon & Rein, 1994).

Minimum Legal Drinking Age (MLDA): State laws mandating the age at which an individual can legally consume alcohol. Set at age 21 in all 50 states since 1984 (Fell, Fisher, Voas, Blackman, & Tippetts, 2009; Wechsler & Nelson, 2010).

Student Affairs: A field of professional educators responsible for out-of-classroom learning by students on college and university campuses. Usually organized as a division or department within an institution (Sandeem & Barr, 2006).

Organization of the Study

This study is divided into five chapters. Chapter I was comprised of an overview of the planned study, beginning with the current status of high-risk drinking on college campuses and the debate over the MLDA. Following these sections was an exploration of the nature of the problem, the purpose statement, the research questions, and the theoretical foundation of the study. The planned methodology of this interpretive policy analysis was presented, along with limitations and delimitations and the definition of terms.

Chapter II contains a review of the literature that is germane to this study, starting with literature about effective alcohol abuse prevention for college campuses. This is followed by the available research on the MLDA. The available research on CSAOs and their leadership on campus is reviewed next. Finally, the theoretical framework is introduced.

Chapter III describes the research methodology of the study, including the study design, sample, interviews, and data analysis procedures. A pilot study with three Non-AI CSAOs is also briefly described. This study uses a discursive approach to policy studies (Fischer, 2003). Interpretive policy analysis (Yanow, 2000) provides a broad theoretical basis and methodology consists of discourse analyses (Gee, 2005, 2011) of documents and interviews with key actors.

Chapter IV outlines the findings of the full study. The findings are presented as discourses found in the speech of CSAOs who are associated and not associated with Amethyst Initiative signing institutions. Findings illuminate how CSAOs describe their leadership as policy implementers of the MLDA, as well as document their experiences related to the AI.

Chapter V presents a summary of the major findings of the study and conclusions about implications of the study for student affairs leadership and the field of substance abuse prevention in higher education. Recommendations for further study are presented.

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

The primary purpose of this study was to explore how Chief Student Affairs Officers (CSAOs) describe the impact of the Minimum Legal Drinking Age (MLDA) (1984) on high-risk drinking and alcohol-related issues on college and university campuses. The secondary purpose was to describe the impact of the Amethyst Initiative (AI) (2008) on CSAOs who work on campuses that did and did not sign the AI. This study aimed to not only document this unique historical phenomenon, but also to explore its meaning within the context of educational leadership and public health perspectives on college alcohol use.

This chapter begins with a review of the current evidence about college student alcohol use and the predominant prevention paradigms applied to the problem. Research about the effectiveness of the MLDA is summarized next by exploring the evidence presented by both supporters and detractors. Despite resounding evidence of effectiveness with 18-20 year olds overall, the effectiveness of MLDA when examining only college student populations was significantly lower or even lacking (Wagenaar & Toomey, 2002). This lack of MLDA effectiveness may have been a contributing factor as 136 college presidents endorsed the AI, which promoted a re-examination of the U.S. drinking age. The history and status of the AI is reviewed next. The CSAO is often the lead campus official charged to address alcohol-related issues. CSAOs represent the president and the institution as they address alcohol issues with students, parents,

community stakeholders, student affairs staff, faculty, and law enforcement. Finally, the interpretive research tradition and a discursive approach to policy studies guided this exploration of the experiences of CSAOs regarding the MLDA and the AI. Interpretive policy analysis provided the theoretical framework to explore how CSAOs interpret and implement the federally mandated MLDA and to explore their role in the symbolic meaning of choosing to sign or not sign the AI.

College Alcohol Use

Concern about college student alcohol use is far from a new phenomenon. Complaints about United States (U.S.) college students' drinking behavior extended back to colonial days (Wechsler & Wuethrich, 2002). At the end of the 20th century, consequences suffered by college students under the influence of alcohol were the subject of several pivotal legal cases around campus life. Courts consistently found that colleges and universities had an obligation to take reasonable measures to create a safe environment by preventing foreseeable risks (Bickel & Lake, 1999). Although campuses previously made some changes to address liability concerns, mass alcohol prevention efforts in higher education increased when the 1989 amendment to the Safe & Drug-Free Schools Act required colleges and universities to develop policies to prevent illegal drug and alcohol use on campus (Wechsler, Seibring, Liu, & Ahl, 2004).

Seven years later, national attention was drawn to the problem of alcohol abuse on campus with the Harvard College Alcohol Study and the coining of the term "binge drinking" (Wechsler, 1996). Wechsler's definition of binge drinking, four drinks for women and five drinks for men on a single occasion at least once in the last two weeks,

remained controversial (Goodhart, Lederman, Stewart, & Laitman, 2003). However, a glaring national focus was drawn to campus alcohol use when Wechsler declared that over 41% of college students were binge drinkers (Wechsler, 1996). There was a similar reverberation over a finding that 33% of college students reported symptoms that met the DSM-IV definition for alcohol abuse and more than six percent met the criteria for alcohol dependence (Knight et al., 2002).

Heavy drinking among 18-24 year old U.S. citizens has declined since 1979, with the exception of college students (Gruca et al., 2009; Johnston, O'Malley, Bachman, & Schulenberg, 2008; Wechsler et al., 2002). Despite these declines, adults 18-24 remained the U.S. age group with the highest prevalence (28.2%) and intensity (9.3 drinks) of binge drinking in the last 30 days (CDC, 2012). College students were more likely to engage in high-risk drinking than non-college peers (Dawson et al., 2004; Hingson et al., 2009; Hingson, 2010; O'Malley & Johnston, 2002; Slutske et al., 2004). Changes in high-risk drinking have been different for men and women. In an analysis of data from the National Survey on Drug Use and Health between 1979 and 2006, Gruca et al. (2009) found that while there was a significant national reduction in binge drinking since the enactment of age 21 MLDA in 1984, rates of binge drinking among male college students age 18-23 remained unchanged, while rates among college women age 18-23 increased by over 40%.

Today, despite sustained efforts by many campuses, alcohol use by college students has actually increased. The percentage of college students who drank five or more drinks on a single occasion in the last month increased from 41.7% to 45.2%

between 1999 and 2005 (Hingson, 2010). During the same period, the proportion of college students who drove under the influence increased from 26.1% to 29.2% (Hingson, 2010). Although these behaviors increased for both, college students engaged in these behaviors more than non-college peers. For example, college students age 18-24 engaged in more binge drinking (45.2%) than non-college peers (40.2%) (Hingson, 2010; Hingson et al., 2009). Similarly, college students drove under the influence (29.2%) more than non-college peers (22.8%) (Hingson, 2010; Hingson et al., 2009).

Both drinking and non-drinking college students were affected by the alcohol-related behavior of their peers. The estimated number of alcohol-related deaths among college students recently increased from 1,700 to 1,825 per year (Hingson et al., 2009; Hingson, 2010). Each year, over 690,000 students were physically assaulted and 97,000 were sexually assaulted by a fellow alcohol-drinking college student (Hingson et al., 2009).

The campus environment itself was indicated to be a major contributor to the problem of collegiate high-risk drinking. College environments that afforded easy access to alcohol at low costs, had few policy restrictions to limit access to alcohol, and had lax enforcement of existing policies appeared to contribute to high-risk drinking among their students (Wechsler & Nelson, 2008). Increasing liability, concerns about loss of life and other serious consequences, as well as a worsening picture of alcohol use among students made alcohol prevention efforts a serious consideration for most campuses in the U.S.

Prevention Theory

Public health and health promoting interventions that were theoretically sound and built on social and behavior science theories have been increasingly shown to be superior to interventions that lack a theoretical base (Glanz & Bishop, 2010). College campuses should draw on public health and alcoholism research to address the problem of high-risk drinking. Although there was significant research on effective individual interventions for college drinkers, experts recommended an ecological perspective that combined individual interventions with efforts to change intrapersonal, organizational and environmental factors that influenced health behaviors (Glanz & Bishop, 2010).

The social ecological framework was first applied to health promotion by Stokols (1996) to integrate behavior change and environmental enhancement strategies. In the social ecological framework, health behaviors are influenced by five factors: (a) intrapersonal factors, (b) interpersonal processes, (c) institutional factors, (d) community factors, and (e) public policy (Stokols, 1996). Each of these five factors is a level of influence to which researchers can apply health promotion strategies (McLeroy, Bibeau, Steckler, & Glanz, 1988; Sallis, Owen, & Fisher, 2008). The social ecological framework embraced that “behaviors both shape and are shaped by the social environment” (Glanz & Bishop, 2010, p. 403). This interdependence was similar to Bandura’s concept of reciprocal determinism, which also noted the mutual influence of behavior, personal, and environmental factors (Bandura, 1986; Sallis et al., 2008).

Models for Higher Education

The U.S. Department of Education's Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention (Higher Education Center) (DeJong et al., 1998) introduced environmental management as a model to address collegiate alcohol prevention, based on Stokols' (1996) work. In particular, environmental management was designed to guide colleges in addressing the institutional factors, community factors, and public policy aspects of the social ecological model that had been previously neglected in collegiate substance abuse prevention (DeJong & Langford, 2002). Five particularly problematic aspects of campus environments and their surrounding communities were the focus of environmental management strategies:

- The majority of students have few adult responsibilities and a great deal of unstructured free time, especially at residential colleges;
- Alcohol is abundantly available and inexpensive;
- There are pervasive messages that binge drinking and other drug use are a normal part of the college experience;
- There are too few social and recreational options for students; and
- Students who may be in trouble with alcohol or other drugs are not readily identified or referred to early intervention services. (DeJong et al., 1998, p. 12)

Campuses have to work together with community officials to shift the campus and community conditions that encourage high-risk drinking (DeJong et al., 1998; Fisher, 2000). A model of three spheres of influence was developed to highlight the

interdependence of campuses and their key constituents (DeJong et al., 1998): the institution of higher education, campus-community partnerships, and state-wide coalitions. “A participatory process that includes all major sectors of the campus and community, including students” is a key feature in successful policy and prevention initiative development (DeJong & Langford, 2002, p. 142).

The Higher Education Center (DeJong et al., 1998) outlined five primary strategies for achieving environmental change. Each strategy was designed to address a problem area that contributes to alcohol and other drug use in a typical campus environment. The five identified areas of strategic intervention were (Higher Education Center, 2002):

- Offer substance-free social, extracurricular, and public service options;
- Create a health-promoting normative environment;
- Restrict the marketing and promotion of alcohol and other drugs both on and off campus;
- Limit availability of alcohol and other drugs; and
- Develop and enforce campus policies and enforce laws to address high-risk and illegal alcohol and other drug abuse and violence. (p. 1)

The Higher Education Center further evolved its environmental management model into a typology of campus and community prevention and treatment programs (DeJong & Langford, 2002). This typology had two dimensions. The first dimension placed programs and policies along five levels of the social ecological model (intrapersonal, interpersonal, organizational, community, policy). The second dimension

consisted of four areas of strategic intervention. These dimensions were: (a) changing people's attitudes, knowledge, and behavioral intentions regarding alcohol use; (b) reducing or eliminating environmental factors that contribute to the alcohol abuse; (c) health protection or harm reduction efforts to protect people from the short-term consequences of alcohol consumption; and (d) intervention and treatment for individuals with addiction and/or problem alcohol use (DeJong & Langford, 2002).

Effective Interventions

In 2002, the National Institutes of Health's National Institute on Alcohol Abuse and Alcoholism (NIAAA) published a pivotal report titled, "A Call to Action: Changing the Culture of Drinking at U.S. Colleges." The report offered national statistics on the impact of college drinking and placed current alcohol prevention efforts into a model of four tiers of effectiveness, based on the quality of available research at the time. Tier 1 included programs with "evidence of effectiveness among college students" (NIAAA, 2002, p. 16). Tier 2 was comprised of programs with evidence of effectiveness with the general population. Tier 3 programs had the promise of effectiveness and Tier 4 program had "evidence of ineffectiveness" (NIAAA, 2002, p. 23). The NIAAA report has continued to be a living document, with a follow-up report in 2007 (NIAAA) and a supplemental issue of the Journal of Studies on Alcohol and Drugs in 2009 (DeJong, Larimer, Wood, & Hartman, 2009). Figure 2.1 contains the most current version of the tiers of effectiveness.

Tier	Strategy	Level of Operation		
		Individuals, Student including At-Risk and Dependent Drinkers	Population as a Whole	Community
1: Effective among college students	Combining cognitive-behavioral skills with norms clarification & motivational enhancement intervention	Yes	No	No
	Offering brief motivational enhancement interventions in student health centers and emergency rooms	Yes	No	No
	Challenging alcohol expectancies	Yes	No	No
2: Effective with general populations	Increased enforcement of minimum drinking age laws	No	Yes	Yes
	Implementation, increased publicity, and enforcement of other laws to reduce alcohol-impaired driving	No	Yes	Yes
	Restrictions on alcohol retail density	No	No	Yes
	Increased price and excise taxes on alcoholic beverages	No	No	Yes
	Responsible beverage service policies in social & commercial settings	No	Yes	Yes
	The formation of a campus/community coalition	No	Yes	Yes
3: Promising	Adopting campus-based policies to reduce high-risk use (e.g., reinstating Friday classes, eliminating keg parties, establishing alcohol-free activities & dorms)	No	Yes	No
	Increasing enforcement at campus-based events that promote excessive drinking	No	Yes	No
	Increasing publicity about enforcement of underage drinking laws/eliminating "mixed" messages	No	Yes	Yes
	Consistently enforcing campus disciplinary actions associated with policy violations	No	Yes	No
	Conducting marketing campaigns to correct student misperceptions about alcohol use on campus	No	Yes	No
	Provision of "safe rides" programs	No	Yes	Yes
	Regulation of happy hours and sales	No	Yes	Yes
	Enhancing awareness of personal liability	Yes	Yes	Yes
	Informing new students and parents about alcohol policies and penalties	Yes	Yes	No
4: Ineffective	Informational, knowledge-based or values clarification interventions when used alone	N/A	N/A	N/A

Figure 2.1. "3 in 1 Framework," by Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism, 2002, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*, Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services (NIH publication no. 02-5010). (Public Domain)

Although the Higher Education Center's typology of campus prevention was included in scholarly papers commissioned for the NIAAA report, the tiers of effectiveness generated a mixed message to many campuses. Only rigorous randomized controlled trials could meet the criteria to be named a Tier 1 or Tier 2 strategy by NIAAA. Meanwhile, both NIAAA and the U.S. Department of Education's Higher Education Center were recommending multi-tiered environmental interventions, which cannot fit easily or affordably into experimental designs. In response to this issue and the lack of research-to-practice translation, NIAAA followed their report with a Rapid Response to College Drinking grant competition that paired college campuses with top NIAAA alcohol research teams (DeJong et al., 2009). The resulting experimental and quasi-experimental research reinforced the tiers of effectiveness and provided increased evidence about the effectiveness of a number of interventions (DeJong et al., 2009).

Today, despite worsening national statistics on college drinking, there are a number of alcohol prevention efforts considered effective in collegiate populations (Hingson, 2010). In a review of 110 empirical studies using environmental management strategies, Toomey, Lenk, and Wagenaar (2007) found that environmental strategies reduced alcohol use and alcohol-related consequences. Although some strategies were effective, a combination of strategies was most effective.

Individual interventions, particularly brief alcohol screening and intervention, has been repeatedly validated as effective (Carey, Scott-Sheldon, Carey, & DeMartini, 2007; Hingson, 2010; Larimer & Cronce, 2002, 2007). Carey et al. (2007) generated a meta-analysis of individual intervention for college students, a total of 62 randomized

controlled trials conducted between 1985 and 2007. At short-term follow-up (4-13 weeks), participants had reduced quantity and frequency of heavy drinking, as well as alcohol-related problems. Participants had further reduced the quantity and frequency of heavy drinking at intermediate follow-up (14-26 weeks). At long-term follow-up (27-195 weeks), there was a reduction in frequency of days drinking and alcohol-related problems. The most successful interventions were delivered individually as opposed to in a group setting and used motivational interviewing with personalized feedback on expectancies and motives, normative comparison, and decisional balance exercises.

In literature reviews of individual interventions studies published from 1984-2006, Larimer and Cronic (2002, 2007) found that brief motivational interventions were effective in reducing drinking and alcohol-related problems, whether delivered individually, in groups, or as stand-alone feedback. Brief motivational interventions, such as the two-session Brief Alcohol Screening and Intervention for College Students (BASICS)(Dimeff, Marlatt, Kivlahan, & Baer, 1999), have been shown to be effective with mandated populations, i.e. students who are required to attend the intervention due to alcohol violations (Barnett et al., 2004; Bosari & Carey, 2005; Butler & Correia, 2009; Elliott, Carey, & Bolles, 2008; Fromme & Corbin, 2004; LaBrie et al., 2009; Neighbors et al., 2010; White et al., 2006), and in student health centers (Fleming et al., 2010; Schaas et al., 2009) in reducing alcohol use and related consequences.

College students have been shown to overestimate other students' alcohol use and related behaviors. Students who overestimated other students' behavior were found to drink more to match a perceived group norm (Perkins, 2002). Social norms marketing

and normative feedback attempts to correct students' misperceptions of peer alcohol use to reduce drinking behaviors. In a review of twenty-two randomized trials (Moreira, Smith, & Foxcroft, 2009), Web or computer-based normative feedback was the most effective in reducing drinking behaviors, followed by individual face-to-face feedback and group face-to-face feedback. Mailed normative feedback was not effective. Campus-wide social norms marketing campaigns have had mixed results in randomized trials, but they have been shown to be effective when executed with high fidelity and high levels of exposure for students (DeJong et al., 2006, 2009).

Enforcement of campus alcohol policies was effective in shaping a campus environment. At colleges where the alcohol policy was heavily enforced by campus police or security, students were less likely to binge drink (Knight et al., 2003). Public policy efforts were among the most effective deterrents to underage drinking, including the age 21 MLDA (Shults et al., 2001; Wagenaar & Toomey, 2002), zero tolerance laws (Liang & Huang, 2008; Voas, Tippetts, & Fell, 2000; Wagenaar, O'Malley, & LaFond, 2001), increased enforcement of alcohol purchase laws (Presseur, Ulmer, & Presseur, 1992; Wagenaar, Murray, & Toomey, 2000), increased alcohol price and taxes (Elder et al, 2010; Wagenaar, Salois, & Komro, 2009), and reducing alcohol outlet density (Campbell et al., 2009).

Comprehensive campus-community programs that used multiple interventions designed to reduce alcohol abuse and drinking and driving among college-age and other young people were particularly effective (Hingson, 2010). Effective campus-community programs included significant participation by both campus and community officials and

law enforcement. Recent effective campus-community programs included simultaneous environmental interventions aimed at the campus and community. Examples of effective simultaneous interventions included combining DUI checkpoints, media coverage and social norms campaigns (Clapp et al., 2005); keg registration, mandatory server training, campus-community police collaboration on party patrols, substance-free residence halls, and media campaigns (Weitzman Nelson, Lee, & Wechsler, 2004); increased DUI and MLDA enforcement plus media campaigns (McCartt, Hellinga, & Wells, 2009); party patrols, increased point-of-sale enforcement, public dialogues, and alcohol-free options (Saltz et al., 2009); and increased DUI and MLDA enforcement, media campaign, and safe rides program (Wood et al., 2009). This recent round of rigorously evaluated campus-community partnerships highlighted that “colleges and surrounding communities need to work together to implement multifaceted programs at various levels of intervention” (Hingson, 2010, p. 53).

The task force that authored the 2002 NIAAA report noted that most administrators would need to make a “mindset change- one that looks to validated research for genuine answers rather than quick fixes, which may seem appealing when confronted with a crisis” (NIAAA, 2002, p. 12). This mindset change was not evidenced by mass adoption of the Task Force recommendations. Six years after the NIAAA report, Nelson et al. (2010) surveyed a nationally representative sample of colleges and universities, including small and large public and private institutions. Of the 351 colleges that responded (61.7% response rate), only half offered brief intervention programs and only one-third collaborated with their community on alcohol control policies, such as

compliance checks, server training, alcohol density restrictions or policies to limit underage access to alcohol (Nelson et al., 2010). Almost all campuses surveyed offered educational programs, which are considered ineffective on their own (NIAAA, 2002). More than one in five college administrators were not aware of the 2002 NIAAA recommendations. Thirty-four of the AI institutions responded to the survey; the AI schools did not differ from non-AI schools in their implementation of the NIAAA recommendations (Nelson et al., 2010).

In an interview by *Mental Health Weekly Digest* (2010) about the study, Nelson, on behalf of the research team, identified a number of possible reasons for the lack of implementation by campuses. He postulated that difficulty in relationships between campuses and their communities caused by student drinking was a barrier to effective town-gown collaboration. He also suggested the following list of campus-based problems: (a) a lack of resources dedicated to alcohol prevention, (b) staff who were untrained in the development of community prevention partnerships, and (c) alcohol efforts being led by staff who lacked the authority to change policy or develop significant community partnerships.

In a content analysis of 30 years of the *Journal of College Student Development* and the *NASPA Journal*, Broughton and Molasso (2006) found 119 articles about drinking, 3.98% of the total publication. Two-thirds of those studies did not identify a theoretical framework used to guide the research. Higher education scholarship acknowledged that alcohol abuse contributed to significant problems that extended throughout the entire educational institution. Yet, Sandeen and Barr (2006) asserted that

no comprehensive approach was available in higher education, particularly by student affairs practitioners and scholars. While public health researchers and federal officials believed they had established a comprehensive approach with accompanying evidence-based strategies (Hingson, 2010; NIAAA, 2002, 2007), higher education scholars were concluding that “with years of work and millions of dollars spent, higher education has failed to develop a unifying theoretical framework that adequately addresses college drinking” (Broughton & Molasso, 2006, p. 625). The lack of connection between public health research and higher education practice was striking.

In summary, the level of high-risk drinking and associated problems among college students has been well documented (Hingson et al., 2009; Wechsler & Nelson, 2010). College students engaged in more high-risk drinking than their non-college peers and the level of high-risk drinking among college students continued to increase (Grucza et al., 2009; Hingson, 2010). Prevention efforts by campuses should be framed using a social ecological framework that addresses individual health behaviors and the environmental conditions that shape behavior (DeJong & Langford, 2002; Fisher, 2000; Stokols, 1996). Evidence-based strategies were shown to be effective for college students at the individual, group, organizational, and policy level (Larimer & Cronce, 2002, 2007; DeJong et al., 2006, 2009; Hingson, 2010), but despite this evidence, many campuses failed to use the most effective prevention strategies (Nelson et al., 2010).

Amethyst Initiative

In 2004, the *New York Times* asked Middlebury College President Emeritus John McCardell to submit a short essay reflecting on his presidential experience. He submitted

an op-ed piece called “What Your College President Didn’t Tell You” that included a pointed criticism of the minimum legal drinking age (McCardell, 2004). Following the op-ed piece, McCardell formed a non-profit organization, Choose Responsibility. Choose Responsibility is “a not-for profit organization which supports discussions about lowering the drinking age” (Alcoholism & Drug Abuse Weekly [ADAW], 2008, p. 1). In June 2008, McCardell was invited to speak to the Annapolis Group, a leadership group of college presidents which described itself as “influential individuals from about 120 of our leading national independent liberal arts colleges” (Inaba, 2008, p.3). After the meeting, McCardell and eight Annapolis Group presidents came to consensus. They believed (Inaba, 2008):

...the current drinking age is unrealistic and routinely violated in college age youths, encourages dangerous “binge drinking,” promotes students to make ethical compromises such as fake ID’s thus eroding respect for laws, and inhibits development of ideas to better prepare young adults to make responsible decisions about alcohol. (p.3)

In July 2008, McCardell molded these concerns into the Amethyst Initiative (see full text, Appendix A). Once the statement was formed, it was sent to over 2,000 college presidents for consideration. The Amethyst Initiative was publicly announced on August 18, 2008, with 119 college presidents’ signatures. By August 22, 2008, two college presidents, both from Georgia, withdrew their names, but 15 more had signed on (Dewan, 2008).

The Minimum Legal Drinking Age (MLDA) Act, as part of the federal highway legislation, came up for renewal in 2009 (Hoover, 2008; Muhlenfeld, 2008). The Amethyst Initiative was strategically launched one year in advance of the legislation renewal, but the effort was not successful in bringing the issue up for debate. In fact, a number of key organizations like the Governors' Highway Safety Association and American Association of State Highway and Transportation Officials named opposition to lowering the drinking age as a platform issue in their suggestions for the renewal of the federal highway legislation (Governors' Highway Safety Association, 2009; American Association of State Highway and Transportation Officials, 2009).

The renewed attention to the MLDA in the mid-2000s generated some political action at the state level. Nine states had legislation proposed to lower the drinking age between January 2007 and December 2008, although no legislation was passed (Toomey, Nelson, & Lenk, 2009). Toomey et al. (2009) concluded that "as previous experience suggests, whether the current movement to lower the MLDA is ultimately successful may lie in its ability to frame the scientific debate and influence public opinion" (p. 1963). The AI has failed to achieve either of these key elements.

Profile of Amethyst Initiative Signers

The majority of signers of the AI (79%) were presidents of private colleges; 45 (33%) were members of the Annapolis Group. The average student population of the private institutions was 2,205. Twenty-three (17%) of the presidents led public four-year colleges, plus three university-system presidents signed the AI. The average student population for the public institutions was 10,747. Over one-quarter of the signers (30

schools) were leaders of religiously-affiliated institutions, including 10% from Catholic institutions (14 schools). An overview of the Amethyst Initiative campuses is presented in Table 2.1 (Amethyst Initiative, 2012).

Table 2.1

Overview of Amethyst Initiative Campuses

Number of Schools	Percentage of Total	Category of College and University
107	79%	Private College Presidents
30	26%	Religiously Affiliated
23	17%	Public 4-Year College Presidents
14	10%	Catholic Institutions
8	6%	Women's Colleges
7	5%	Career Specialty (Art, Culinary, Technical, Maritime, Sport)
5	4%	ELCA- Lutheran
3	2%	Presbyterian
3	2%	Methodists
3	2%	University System Presidents
3	2%	Flagship Campuses
3	2%	Historically Black Colleges and Universities
3	2%	Do not grant undergraduate degrees
1	0.7%	Men's Colleges
1	0.7%	Private 2-Year College President
1	0.7%	Public 2-Year College President

Public reaction to the Amethyst Initiative was strong and swift (ADAW, 2008; Muhlenfeld, 2008). Much reaction was directed at the presidents and their campuses.

Many people believed that these presidents were trying to avoid the problem of student drinking or that these presidents were saying that they would not be enforcing the MLDA on their campuses (ADAW, 2008; Dewan, 2008). Mothers Against Drunk Driving (MADD) President Laura Dean-Mooney claimed that “by signing on to the initiative, these presidents have made the 21 law nearly unenforceable on their campuses” (ADAW, 2008, p. 3).

The main argument against the AI and lowering the drinking age was the scientific evidence of the effectiveness of the MLDA. AI founder McCardell was dismissive of the scientific evidence cited by age 21 MLDA proponents (Toomey et al., 2009). McCardell could not cite evidence in support of the AI proposal, but promised to publish a white paper in support of their initiative (ADAW, 2008; Inaba, 2008). This white paper had not been developed by this study’s conclusion in 2012. However, a robust scientific literature and debate over the effectiveness of the MLDA is available in scholarly publications. In the next section, the scientific evidence related to the MLDA is reviewed.

Minimum Legal Drinking Age (MLDA)

Two comprehensive literature reviews are often cited in regards to the MLDA. Wagenaar and Toomey (2002) summarized all studies published in peer review journals regarding the effects of the U.S. legal drinking age from 1960 to 1999, a total of 132 articles which included 241 empirical analyses. Variables coded for each study included jurisdiction studied, specific outcome measures analyzed, and whether the study was particular to college students. Three key indicators of methodological quality were coded:

(a) sampling design (lower was non-probability sampling, higher was probability sampling or census data); (b) research or study design (lower was cross-sectional observations, higher was pre-post, longitudinal, or time-series designs); and (c) whether a comparison group was used (lower was no comparison group). The studies were coded for whether there were statistically significant findings, and the direction of relationship between the drinking age and the outcome studied.

Wagenaar and Toomey (2002) concluded that the total group of studies on MLDA showed a measurable effect and that the MLDA was a successful policy effort to reduce drinking among teens. When the studies were narrowed to high quality studies (defined by using high quality sampling design, study design, and/or comparison groups), 48% of high quality studies showed a significant inverse relationship between the MLDA and alcohol consumption and alcohol-related problems. Only one percent of high quality studies showed a significant positive relationship between the MLDA and these outcomes, which meant that a large number of studies found no statistically significant findings. Finally, only nine percent of the studies on college populations used a high quality design. College populations did not show the level of inverse relationships between the MLDA and outcomes that other populations displayed and had a higher level of significant positive relationships between the MLDA and outcomes (Wagenaar & Toomey, 2002).

Although there was evidence of the overall effectiveness of the MLDA, the studies focused on college students were not as strong. This diminished effect may indicate that the college environment was a mediating or moderating variable in the

effectiveness of the MLDA. This lowered effectiveness may shed light on how college administrators could have a different perspective on the effectiveness of the MLDA than the general public and the scientific community (Wagenaar & Toomey, 2002).

The Task Force on Community Preventive Services undertook a systematic review to assess the effectiveness of laws and community-based interventions to reduce alcohol-impaired driving and alcohol-related traffic accidents in the second major MLDA literature review (Shults et al., 2001). Of the 76 studies reviewed, 55 (72%) were based in the United States; others were based in Canada, Australia, New Zealand, France, and The Netherlands. Five interventions were reviewed: (a) 0.08 blood alcohol concentration laws, (b) lower blood alcohol concentration laws for younger and inexperienced drivers, (c) sobriety checkpoints, (d) minimum legal drinking age laws, and (e) intervention training programs for servers of alcoholic beverages. There were 33 qualifying studies on the effect of the MLDA. The results suggested that when the MLDA was lowered, there was roughly a 10% increase in alcohol-related crash outcomes for 18 to 20 year old drivers. In addition, there was a 16% decrease in alcohol-related crash outcomes for 18 to 20 year old drivers when the MLDA was raised (Shults et al., 2001).

Ponicki, Gruenewald, and LaScala (2007) examined the joint impact of the MLDA and beer taxes on youth traffic fatalities in the U.S. between 1975 and 2001. They used a full-price theoretical approach which “suggests that individuals decide their alcohol use by balancing the perceived benefits of drinking against the sum of all the associated costs” (Chaloupka, Grossman, & Saffer, 1998, p. 340). The researchers found that the strategies of either raising the MLDA or beer taxes led to fewer youth traffic

fatalities independently, but increasing the MLDA caused a larger effect when the beer taxes were low than when they were high. Ponicki et al. (2007) concluded that overall, communities with strong existing policies experienced a smaller impact of raising the MLDA than suggested by the research, while communities with weak policy environments experienced larger than expected benefits of the same policy. This finding could explain the wide range of effect sizes found throughout the literature on the MLDA and other alcohol policies. In the study by Ponicki et al. (2007), the MLDA had the largest effect on fatalities among 18 to 20 year olds; it also had a smaller but still significant effect on fatalities among 21 to 24 year olds. There was no significant effect on 16 and 17 year olds.

Monitoring the Future is the longest running survey of alcohol and drug-related behaviors and attitudes of 12-25 year olds in the United States (University of Michigan, 2011). Using *Monitoring the Future* data from the 1975 to 2003, Carpenter, Kloska, O'Malley and Johnston (2007) provided a comprehensive analysis of the relative effects of the MLDA, Zero Tolerance drunk driving laws, and beer taxes on youth drinking behaviors over the past quarter century. Carpenter et al. (2007) found:

...strong evidence that exposure to a Minimum Legal Drinking Age of 18 was associated with large and statistically significant increases in drinking participation and heavy episodic drinking by high school seniors, on the order of 2-3 percentage points. Put differently, we estimate that nationwide increases in the MLDA (i.e. movements away from the most permissive age of 18) reduced youth drinking by about four percent relative to pre-existing levels. (p. 2)

In a study comparing the correlation between the MLDA and heavy drinking among college students of 20 European countries and the United States, Keller, Frye, Baurle, and Turner (2009) found there was a small but positive correlation between prevalence of heavy drinking and both minimum legal purchase age (MLPA) ($r = .34$) and minimum legal drinking age (MLDA) ($r = .19$). For Canada and the United States, there was a perfect positive correlation ($r = 1.0$) between the prevalence of heavy drinking and the minimum legal drinking age. The MLPA/MLDA for Canada is 19 years, and the rate of heavy drinking among college students was 30%. For the United States, the MLPA/MLDA is 21 years, and the rate of heavy drinking among college students was 33% (Keller et al., 2009). Yet, the difference in heavy drinking rates between these age 19 and 21 MLDA countries was so small that the researchers concluded that a lower minimum legal age for purchase and/or consumption of alcoholic beverages is not a protective factor for decreasing heavy drinking among college students.

Campus data about college student alcohol use was used in an analysis of the consequences of lowering the drinking age (Rasul et al., 2011). This article replicated and extended a previous mathematical model designed to determine the consequences of changing alcohol control policies (Scribner et al., 2009). Scribner et al. (2009)'s model found that the impact of alcohol control policies were moderated by campus "wetness" (i.e. level of alcohol access). The authors added normative misperceptions to their model for this study, based on an understanding that the AI argued that clandestine drinking caused students to misperceive how much other students drink. Therefore, lowering the drinking age would decrease alcohol use because students would be exposed to healthier

drinking and change the norm that they were drinking to match. In this study, the researchers were looking for the point at which the normative correction acted more powerfully to decrease drinking than the increased wetness acted to increase drinking. Data from 32 campuses was divided into eight groups: underage and legal age groups of abstainers and light drinkers, moderate drinkers, heavy episodic drinkers, and problem drinkers. The authors found that lowering the MLDA would only be effective on a campus that was very wet and with low levels of enforcement. On drier campuses, the normative misperception would have to be extremely large to effect levels of alcohol use.

In 1999, New Zealand lowered its MLDA from 20 to 18, creating a natural experiment on the effect of their MLDA. In 2002, the Ministry of Justice released a report that found in the first three years after the change drinking prevalence among 18 and 19 year olds rose slightly, but there was a particularly large increase among women. Among 14 to 17 year olds, the prevalence of drinking did not change significantly, but the frequency and amount of alcohol consumed rose dramatically. The alcohol-involved crash rate increased not only among 18 and 19 year olds (12% increase for males; 51% for females), but also among 15-17 year olds (14% increase for males; 24% for females) (Kypri, 2006).

Lastly, a recent study examined the long-term effects of the change in the U.S. national age 21 MLDA. Norberg, Bierut, and Grucza (2009) used data from a national sample of 33,000 adults that were surveyed 10 years apart to compare adults who grew up in a state where the drinking age was 21 versus adults who grew up in a state where they were legally allowed to drink under age 21. After controlling for numerous

confounding variables, the researchers concluded that those allowed to drink prior to age 21 were more likely to meet DSM-IV criteria for alcohol and drug use disorders.

Not all researchers consider the MLDA a success in the United States. Several authors believed the National Highway Safety Transportation Board projection that the MLDA saved 900 lives a year were “drastically over-estimated” (Males, 1986, p. 182). Several researchers suggested that the MLDA did not eliminate traffic deaths, but rather pushed them to the first years after the MLDA, i.e. crashes were simply shifted from ages 18-20 to ages 21-25 (Dee & Evans, 2001; Males, 1986).

Asch and Levy (1990) hypothesized that being new to drinking was an overlooked mediator in the reason that young people have so many fatal alcohol-related accidents, as opposed to the current hypothesis that it is youth and being new to driving. When “new to drinking” was added to the researchers’ covariance mathematical model to examine the both effects of legal drinking age and drinking experience on traffic fatality rates, the effect of the MLDA on alcohol-related crashes became unclear. The authors hypothesized that “raising the drinking age seems primarily to postpone fatalities” (Asch and Levy, 1990, p. 519).

Others posited that the U.S. age 21 MLDA simply corresponded with other phenomena which were actually responsible for the lowered crash and fatality rates. Phenomena cited included an overall decrease in drinking and fatal crashes among young people and U.S. citizens of all ages, increased social focus on driver safety, changed social norms about drinking and driving, and improved safety devices in cars, such as

airbags and safety belts (Asch & Levy, 1990; Dee & Evans, 2001; Males, 2008; Miron & Telelbaum, 2009).

In the last 40 years, epidemiologists have used evolving computer technology and analytical methods to conduct more sophisticated analyses of the effects of laws and programs on public health (Voas & Fell, 2010). For example, in 2009 Fell, Fisher, Voas, Blackman, and Tippetts conducted a study using structural equation modeling to test the effectiveness of six underage drinking laws. The researchers controlled for four additional impaired driving and traffic safety laws (automatic license revocation for impaired drivers, 0.08 blood alcohol level legal limit to drive, 0.10 blood alcohol level legal limit to drive, and mandatory seat belt laws) and five additional confounding variables known to affect the ratio of drinking to non-drinking drivers in fatal crashes (sobriety checkpoints, beer consumption per capita, employment rates, and vehicle miles traveled per licensed driver). The MLDA was associated with significant decreases in underage fatal crashes (-16%), followed by zero tolerance (-5%) and laws to revoke the license of underage drinkers (-5%). In a review of the state of using health policy research to reduce alcohol-related problems, Voas and Fell (2010) concluded that as epidemiological research has become more sophisticated and more confounding variables can be controlled, the significant effect of the MLDA has become more clear, rather than less clear, as posited by MLDA detractors.

Key findings of the MLDA literature included: (a) the effectiveness of the MLDA in reducing fatalities and drinking rates in 18 to 20 year olds (Carpenter et al., 2007; Ponicki et al., 2007; Shults et al., 2001; Wagenaar & Toomey, 2002); (b) the

effectiveness of the MLDA was contingent on the strength and existence of other alcohol policies in a community (Ponicki et al., 2007); and (c) significant alcohol control and safety enhancement measures have been put into place since the MLDA was set that some researchers suggested were at least as effective on alcohol-related crashes and youth consumption (Asch & Levy, 1990; Dee & Evans, 2001; Males, 2008; Miron & Telelbaum, 2009). Most important, college campuses are an environment in which the above effectiveness of the MLDA was reduced, if not eliminated (Wagenaar & Toomey, 2002). This lack of campus effectiveness may be a pivotal finding in understanding how college presidents and their organizations have come to a conclusion that is so different than many researchers and public policy makers.

Overwhelmingly, public health experts agreed there was no evidence that a lower minimal drinking age would assist 18-20 year olds to make more responsible choices about alcohol or lower alcohol use or alcohol-related consequences for this age group (Grucza et al., 2009; Hingson et al., 2009; Hingson, 2010; Wechsler & Nelson, 2010). As researcher Grucza was quoted as stating, “there may be good philosophical arguments about why the drinking age should be lower than 21, but our study demonstrates that the higher minimum legal drinking age has been good for public health” (*Women’s Health Weekly*, 2009, p. 312).

Chief Student Affairs Officers (CSAOs)

The Chief Student Affairs Officer (CSAO) role on U.S. college and university campuses has evolved from Dean of Women and Dean of Men positions appointed to chaperone, discipline, and guide the moral development of students (Schwartz, 2003) to a

key member of the senior administrative team (Sandeen, 1991; Sandeen & Barr, 2006). The CSAO acted as not only the students' advocate, but as the campus expert on student development and holistic learning (Brown, 1997; Sandeen, 2004). Although leadership research about college presidents, academic deans and department chairs has become more common in the last 40 years, scholarship about the Chief Student Affairs Officer remains scant. However, several reflective and theoretical articles, as well as books, provided insight about the CSAO role.

In a book dedicated to the CSAO role, Sandeen (1991) declared that effective CSAOs must be effective managers, mediators, and educators, must be able to work effectively as a part of the institutional management team, and must be focused on the development of students and establishing effective relationships with them. The CSAO must balance service to the university president and service to the students. This balance includes a trusting relationship with the student body, acting as an expert on college students, and balancing the need for student success with the institution's vision and goals. Recent literature on the CSAO focused on the emergence of the role as pivotal to the core leadership team of the institution (Bass, 2006; Brown, 1997; Sandeen, 2001; Sandeen & Barr, 2006). CSAOs have been active in institutional planning and key decision-making.

The relationship of the CSAO to the president is consistently highlighted in the literature. In a study of long-standing CSAOs, Sandeen (2001) found that:

...they all readily acknowledged that they served at the pleasure of their presidents, that they were on call 24 hours a day, 7 days a week, and that their

futures could easily be determined by the way they responded (or failed to respond! [*sic*]) to a single issue. (p. 5)

The trust that a president should have in the CSAO's professionalism was key (Bass, 2006; Sandeen, 1991, 2001). In particular, the president needed to trust that the CSAO would publicly be speaking to and on behalf of both the institutional mission and the presidential agenda (Bass, 2006).

The scope of the CSAO position and its specific campus roles can be influenced by the history and mission of the institution, the personalities and experiences of the members of the senior leadership team, presidential preferences, religious affiliation, location of the campus, and size of the endowment (Heida, 2006; Palm, 1985; Tederman, 1997). CSAOs were vulnerable to "conflicting pressures" between institution-wide responsibilities and those focused on individual student needs (Oblander, 2006, p. 43).

Only one study could be located that included senior student affairs officers offering qualitative comments about alcohol on campus. Flagstad-Kramer (1997) located six model alcohol education programs, as defined by reputation and word of mouth, and interviewed senior student affairs officers, health educators, and campus security officers about the characteristics of their programs. Among the conclusions of this phenomenological study, it was noted that the best campus efforts had cross-university support that came from the top down, particularly when coordinated by the senior student affairs officer. This study reflected that the skills of leadership, relationship building, and the ability to work cooperatively across the university were essential in leading efforts to address high-risk drinking on campus.

Lovell and Kosten (2000) synthesized 30 years of research on student affairs administration to discover the skills, personal traits, and knowledge bases of successful student affairs administrators. Success was defined as any skill, trait, or knowledge acknowledged in the literature as being “important elements that could encourage or ensure success as a student affairs administrator” (Lovell & Kosten, 2000, p. 554). Using this broad definition of success, the authors found 106 studies published from 1967 to 1997. The authors then applied two criteria: the subject had to be related to the topics of skills, competencies, and knowledge bases for student affairs professionals, and it had to be an empirically based study. These criterion narrowed the pool to 23 publications.

One-fourth (six articles) of the resulting literature was focused on chief student affairs officers. The top CSAO skills identified in the research were: (a) administration and management, (b) human facilitation, (c) research, (d) evaluation and assessment, and (e) communication. Knowledge of student development theory was considered essential for success in the CSAO role in over two-thirds of the articles; overall knowledge of psychology was also referenced in about one-fifth of the studies. Personal traits that emerged as essential included the ability to work cooperatively, a sense of integrity, interest in students, and a sense of humor (Lovell & Kosten, 2000).

In another study, CSAOs ranked a series of critical skills related to their position (Davis, 2002). The top-ranked critical skill was “maintain integrity in decision making,” an indication that CSAOs perceived their position as making critical ethical decisions. Four of the top 10 critical skills involved the CSAO’s relationship to the institutional president (“brief the president about incidents,” “advise the president on student issues,”

“assist president in handling crises,” “support the president in public”). Communication skills and interpersonal skills were clearly seen as imperative to success, as CSAOs chose “open lines of communication”, “demonstrate respect for others,” “expect staff to keep you informed,” and “problem solve with other senior staff among the top ten skills.” Not surprisingly, the CSAO’s role as the resident expert on student development was in evidence, as they chose “value student education and growth” (Davis, 2002, p. 62).

The competencies of Chief Student Affairs Officers (CSAOs) have also been explored in literature about higher education leadership competency models. McDaniel (2002) outlined a set of competencies of highly effective senior leaders in higher education, which were developed in consultation with university presidents and vice presidents and former American Council on Education (ACE) Fellows. Four primary leadership competencies emerged: (a) context, (b) content, (c) process, and (d) communication. Context referred to the unique environment of higher education and the ability to navigate in its political environment. Content referred to the leader’s ability to understand and lead various areas of the complicated organizational environment of higher education, as well as their understanding of strategic planning and its relationship to institutional goals and mission. Process referred to the leaders’ understanding of general leadership skills and behavior, as well as the personal attributes that lead to success in higher education. Successful leaders operated with integrity, tolerated ambiguity, and acted as change agents in the environment. The fourth category, communication, included written, verbal, and non-verbal communication.

Smith and Wolverton (2010) aimed to validate McDaniel's categories through the development of a quantitative measure. Five leadership competency categories emerged in their study of athletic directors, senior student affairs officers, and chief academic officers. Analytic, communication, and behavioral leadership competencies mirrored McDaniel's context, communication, and process categories. Two new competency categories were also developed. Student affairs competency referred to the ability to understanding students' needs, issues, trends, and associated legal considerations; external relations competency referred to the community, funders, and agencies that higher education leaders associate with regularly.

The usefulness of exploring the skills and traits of effective CSAOs can be quite limited when considering the unique organizational climate of higher education. Behavioral and contingency theories of leadership have limited usefulness for higher education since they focus on the relationship between superiors and subordinates, but do not reflect the university-wide relationship building and networking skills that are essential to leadership in higher education (Bensimon, 1989). Institutions of higher education have a different relationship to organizational leadership than large businesses or other professional bureaucratic organizations. Higher education as an unique environment was well captured in a study by Goldstein (2007) which compared the leadership characteristics of chief academic officers and chief student affairs officers:

Autonomy and self-determination of priorities are still vitally important to academics. Ambitions for leadership, success in management and administration, a commitment to more efficient business operations, valued qualities in most

organizations other than universities, even among professional employees- tend still to be looked on with disfavor by many academics. (Goldstein, 2007, p. 33)

Given the unique environment of higher education, which can be even more idiosyncratic by the institution, it was not surprising that certain institutional conditions have been found to be more connected to the success of CSAOs. Campus conditions that CSAOs identified as contributing to their success included: (a) an ethos of ethical practice, (b) congruence between their individual and institutional values, (c) clarity of institutional mission, (d) inclusion of the CSAO in institutional decision-making, and (e) equal participation in the budgetary process (Clement & Rickard, 1992).

In summary, the CSAO balances numerous roles. The CSAO is the primary student advocate and the campus expert on student development (Brown, 1997; Sandeen, 1991, 2001). The CSAO is a member of the senior leadership team of the institution (Bass 2006; Brown, 1997; Sandeen, 2001; Sandeen & Barr, 2006). The success of a CSAO is related to the relationship that the CSAO is able to develop and maintain with the president (Sandeen, 2001). The CSAO represents the president and the institution to students, parents, and community members. CSAOs are vulnerable to conflicting pressures between institutional and student needs (Oblander, 2006). Despite these key roles, scholarly literature about CSAOs is minimal and nearly lacking on the subject of alcohol prevention efforts. CSAOs need to possess excellent communication and relationship building skills, the ability to successfully navigate the politics of higher education, and expertise on college student development to be successful in their roles (Davis, 2002; Lovell & Kosten, 2000; Smith & Wolverton, 2010). This study has the

potential to add insight into how CSAOs balance their roles as they interpret the federal mandate of the MLDA and the president's position on the AI.

Theoretical Tradition

The theoretical tradition that underlies this study is interpretivism. The terms constructivism and interpretivism are used interchangeably by many authors (Crotty, 1998; Glesne, 2006; Lavery, 2003). This paradigm encompasses a relativist ontology, a subjective epistemology, and naturalistic methodological procedures (Lincoln & Guba, 2003). Interpretivism views all knowledge and meaning as constructed by human beings as they interact with the world, rather than as an objective truth being discovered by human beings (Creswell, 2009; Crotty, 1998; Yanow, 1996). Since humans construct meaning by interacting with the world, humans' interpretations of that world are developed within a social, cultural, and historical context (Creswell, 2009; Crotty, 1998).

The primary aims of interpretivist inquiry are the understanding and reconstruction of human experience and knowledge (Lavery, 2003). Investigators and research participants engage in a process of interpretation and interaction to derive the subjective meaning of an action or experience (Lavery, 2003), but interpretivists aim to understand this subjective meaning in an objective way through rigorous methods (Schwandt, 2000).

This study was guided by a discursive approach to policy studies (Fischer, 2003). Interpretive policy analysis is based on the work of key interpretive theorists like Weber, Husserl, and Dilthey (Yanow, 1996). An interpretive approach to policy analysis is inclusive of hermeneutics, phenomenology, symbolic interactionism, and

ethnomethodology and shares many key ideas with critical and feminist theories (Yanow, 1996). Interpretive policy analysis assumes that policies and their analysis are a human activity and that perception of policy is an interpretation of it (Yanow, 1993, 1996). An interpretive approach to policy analysis “focuses on the meanings of policies, on the values, feelings, and/or beliefs which they express, and on the processes by which those meanings are communicated to and ‘read’ by various audiences” (Yanow, 1996, p. 8-9).

Through this approach, policies and other organizational artifacts that represent policies are concrete symbols of organizational values, beliefs, and feelings (Yanow, 1996). Interpretive policy analysis examines symbolic language, objects, and acts as carriers of meaning. Meaning includes the values, beliefs, and feelings of a person or organization. Symbolic artifacts carry the meanings of “a particular point in time or of a particular socio-cultural environment” (Yanow, 1993, p. 47). However, interpretive policy analysis allows for the interpretation of meaning over time through a time and space model of the policy process, which assumes that the meaning of symbols for different interpretive communities, relationships between stakeholders, and policy goals will change over time (Yanow, 1996). The time and space model allowed for this study to explore the meaning of the AI during its launch and in the three years since its announcement.

Interpretive policy analysis also views policies as expressive statements or acts. Policies are not just instrumental communications of information or direction; they express meaning for individuals or shared meaning for groups (Yanow, 1996). Policies can be symbolic expressions of group identity; they can tell us who we are and what we

value and express that identity to other groups (Yanow, 1993). The AI can be viewed through interpretive policy analysis as an expression of institutional identity for a campus and a symbolic expression of its values for outside stakeholders.

In this study, CSAOs were viewed as primary stakeholders and interpreters of a federal policy, the Minimum Legal Drinking Age. They interpreted the policy and guide its implementation and translation within the socio-cultural environment of their particular campus. All campuses were afforded the opportunity to join the AI (Inaba, 2008); 136 campus presidents believed that the AI was an appropriate statement to sign. The CSAO was expected to represent the president and institution (Sandeen, 2001), advocate on behalf of the students (Brown, 1997; Sandeen, 2004), guide the campus response to alcohol issues (Sandeen & Barr, 2006), and represent his or her own professional positions on student development and institutional culture. The CSAO was the central figure who represented and interpreted the president's position on the AI to stakeholders that range from students, to parents, to student affairs staff, and to community stakeholders.

Figure 2.2 represents the competing and complementary roles that the CSAO balanced, the MLDA and AI policies that the CSAO interpreted and implemented, and the interpretive communities that they generated meaning to and with as they served as a major interpreter of these policies. Figure 2.2 depicts the various roles that the CSAO balances in regard to the Minimum Legal Drinking Age and the Amethyst Initiative. On the most direct level, the CSAO interpreted and implemented the federally mandated Minimum Legal Drinking Age and the president's decision on the AI to campus and

community constituents, who are represented at the base of Figure 2.2 as *Interpretive Communities*. However, the CSAO interprets and implements these policies within a landscape of various competing and complimentary roles that will moderate their actions. Specifically, the CSAO must balance his or her role as a member of the senior leadership team and their relationship to the president against their responsibility for the health and safety of the student body (Sandeem, 2001). The CSAO must maintain a positive relationship with the student body, advocate for student interests to the upper administration, and represent his or her own professional position on student development (Brown, 1997). Meanwhile, the CSAO role is charged with overseeing alcohol prevention efforts, responding to emerging student concerns, and coordinating and setting the tone for the enactment and enforcement of student life policies. These duties are represented as *Moderating CSAO Roles* at the top of Figure 2.2.

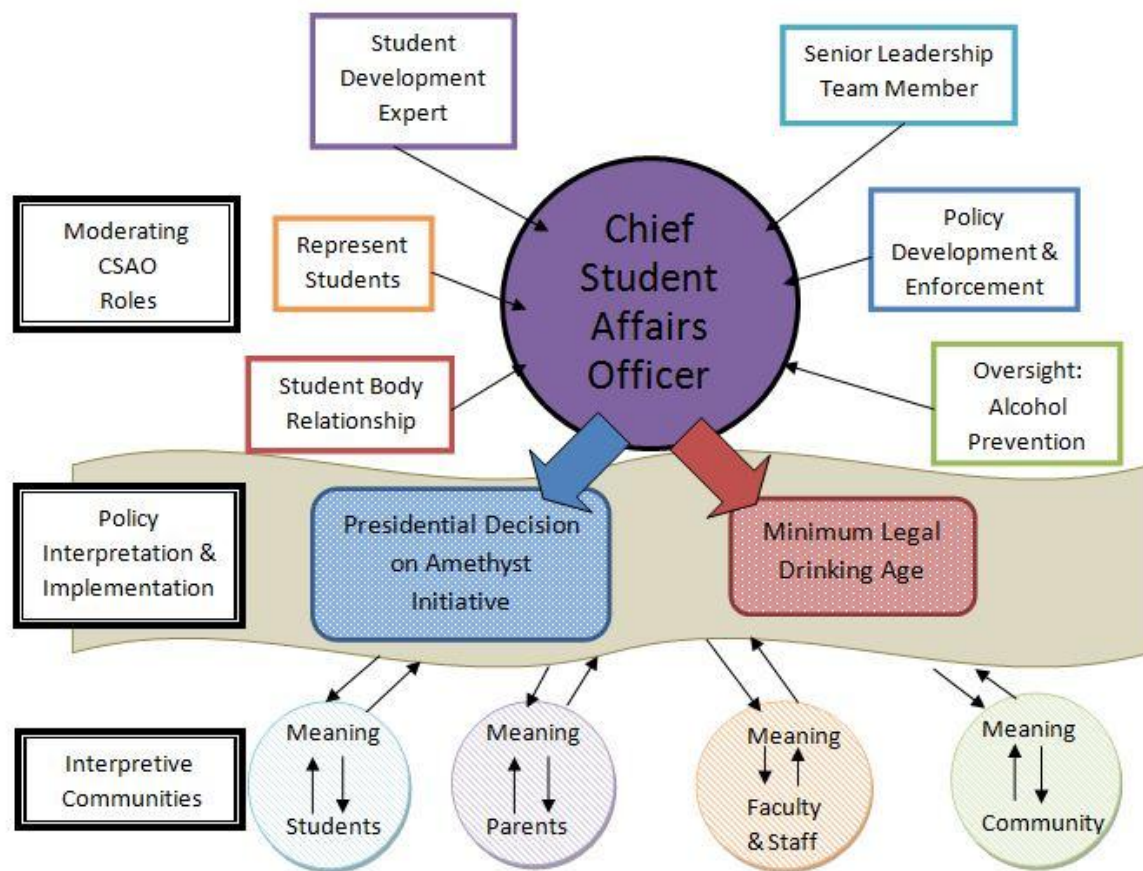


Figure 2.2: Representation of Chief Student Affairs Officer as interpreter and stakeholder for the Minimum Legal Drinking Age and the Amethyst Initiative. Adapted from “Conducting Interpretive Policy Analysis” by D. Yanow, 2000, *Sage University Papers Series on Qualitative Research Methods*, Vol. 47. p.21. Copyright 2000 by Sage Publications, Inc.

Interpretive policy analysis served as the theoretical framework through which to understand the experiences of CSAOs as they interpreted the MLDA and the presidents’ position on the AI to campus interpretive communities. Discourse analysis methods were used to reveal how the CSAOs from campuses that did and did not sign the AI framed the problem of alcohol abuse, their leadership of alcohol abuse prevention efforts, and how they interpreted and implemented the MLDA and the AI.

Chapter Summary

High-risk drinking on college campuses is a deeply embedded and challenging public health issue in a higher education environment. College students drink more heavily than their non-student peers and high-risk drinking among college students actually appears to be worsening (Hingson, 2010). Public health researchers recommend using a social ecological framework to create prevention programs that change individual behaviors and the environments that shape them (Glanz & Bishop, 2010; Stokols, 1996). Specific theoretical models and effective prevention programs for use with college students have been recommended for colleges by public health experts (DeJong & Langford, 2002; Hingson, 2010; NIAAA, 2002, 2007). Despite this research, college officials and higher education scholars express frustration and confusion over how to address high-risk drinking on campus. The literature of higher education lacks sound, theoretical research and many campuses have failed to make progress on addressing alcohol issues (Broughton & Molasso, 2006; Nelson et al., 2010; Wechsler & Nelson, 2010). In 2008, 136 college presidents signed the Amethyst Initiative (AI), asking for the debate over the U.S. legal drinking age to be re-considered. The AI further highlighted the widely differing perspectives of educational and public health leadership. The perspectives and experiences of educational leaders, including those whose campuses signed the AI, needed to be explored to further progress addressing alcohol-related issues on campus.

The Chief Student Affairs Officer (CSAO) is a key member of the institutional leadership team and the leading institutional expert on student development (Brown,

1997; Sandeen, 1991; Sandeen & Barr, 2006). The CSAO is expected to take the lead on responding to student issues, both embedded and emerging, manage student crises, and set policies that protect both students and the institution. For these reasons, the CSAO is the pivotal figure in responding to high-risk drinking on a college campus. Interpretive policy analysis views public policy as a human creation and humans make meaning of them through their interpretations. The experiences of campus CSAOs as the interpreters of the MLDA are unexplored.

By signing the AI, college presidents joined a national policy initiative and performed an expressive act of the identity of their institution and their perspective on college alcohol use. The CSAO acts as the interpreter of this act to a variety of internal and external stakeholders from students to community members. The time and space model of policy process (Yanow, 1996) allowed for the exploration of both the experiences of CSAOs during the launch of the AI and how the meaning of the initiative changed over the three years since that signing.

This qualitative study using a discursive approach to policy studies explored the experiences of CSAOs whose presidents did and did not sign the AI. Interpretive policy analysis served as the theoretical framework to guide the key research questions of this study: How do Chief Student Affairs Officers interpret and implement the Minimum Legal Drinking Age and the Amethyst Initiative?

CHAPTER THREE

METHODOLOGY

Introduction

The primary purpose of this study was to explore how Chief Student Affairs Officers (CSAOs) describe the impact of the Minimum Legal Drinking Age (MLDA) (1984) on high-risk drinking and alcohol-related issues on college and university campuses. The secondary purpose was to describe the impact of the Amethyst Initiative (AI) (2008) on CSAOs who work on campuses that did and did not sign the AI. The purpose of this chapter is to introduce and justify the methods and procedures in this study. This chapter includes the study design, research questions, study sample, interview protocol, data analysis, and limitations of the study.

Study Design and Research Paradigm

Public health and higher education researchers have drawn vastly different conclusions about the theoretical and practical state of college alcohol prevention (Broughton & Molasso, 2006; Hingson, 2010). The AI was a recent event in higher education that provides evidence of this tension. The CSAO is the chief institutional officer responsible for alcohol prevention initiatives, yet research on the viewpoints of CSAOs about alcohol-related issues is rare. The experiences of CSAOs related to the AI, as each campus considered its position and responded to on and off-campus reactions, was an appropriate lens through which to view the CSAO experience.

This study was grounded in a discursive approach to policy studies (Fischer, 2003). Searching for an alternative to a positivist, technocratic direction found in policy

studies, scholars developed a post-empirical scholarship of policy based on interpretive and constructionist ideals (Fischer, 2003; Wagenaar, 2007; Yanow, 2007). Interpretivism views all knowledge and meaning as constructed by human beings as they interact with the world, rather than as an objective truth being discovered by human beings (Creswell, 2009; Crotty, 1998; Yanow, 1996). Since humans construct meaning by interacting with the world, humans' interpretations of that world are developed within a social, cultural, and historical context (Creswell, 2009; Crotty, 1998).

Interpretive approaches to policy analysis share the assumption that policy development and implementation can only be understood through their relevant meanings to human actors (Bevir & Rhodes, 2003; Wagenaar, 2007). An interpretive approach to policy analysis “focuses on the meanings of policies, on the values, feelings, and/or beliefs which they express, and on the processes by which those meanings are communicated to and “read” by various audiences” (Yanow, 1996, p. 8-9). This interpretation by the audience and their resulting actions often takes place in contexts characterized by complexity (Bohman, 1996; Dryzek, 1990), ambiguity and contingency (Allen, 2003; Schwandt, 1997), and conflicts between the policy and other institutional practices and positions (Kekes, 1993; Wagenaar, 2002, 2007).

Interpretive policy analysis also views policies as expressive statements or acts. Policies are not just instrumental communications of information or direction; they express meaning for individuals or shared meaning for groups (Yanow, 1996). Policies can be symbolic expressions of group identity; they can tell us who we are and what we value and express that identity to other groups (Yanow, 1993). The AI can be viewed

through interpretive policy analysis as an expression of institutional identity for a campus and a symbolic expression of its values for outside stakeholders.

Using an interpretive approach, the social and political object of study is “embedded in a web of social meanings produced and reproduced through discursive practices” (Fischer, 2003, p. 13). In order to understand the social construction of problems and policy solutions, a researcher needs to focus on the language, discourses, rhetorical arguments, and stories used to create frames around the issues by the actors themselves (Fischer, 2003). “The discursive approach is designed to identify and bring in the neglected political voices” (Fischer, 2003, p. x). Despite evidence of CSAO’s context-specific power within their specific campuses, their voices have been absent from the national discourse about high-risk drinking on college campuses and the more recent debate over the MLDA sparked by the AI.

A discourse is a specific ensemble of ideas, concepts, and categorizations that are produced, reproduced, and transformed to give meaning to physical and social relations (Allen, 2003; Hajer, 1993; Fischer, 2003). Each discourse is derived from a different line of reasoning (Fischer, 2003). Discourses function on two levels: a first-order micro level which represents every day experiences and a second-order macro level which represents a broader socio-cultural reality (Fischer, 2003). Policies are developed and interpreted within a context of discourses, which are narratives consistently being told and re-told about the social constructed problem that the policy is designed to address (Allen, 2003; van Dijk, 1997). Different discourses about a problem lend themselves to different policy solutions (Clarke, 2007; Fischer, 2003). Once established, a policy “means more than one

thing and those meanings can be interpreted in more than one way” (Yanow, 1995, p. 111).

Discourse analysis examines “the structure and the content of different “strings” of reasoning or beliefs” expressed by individuals through interview or observation or found within documents (Clarke, 2007, p. 452). This examination reveals how these actions and objects come to be socially constructed and how the meanings influence social organization and interaction (Allen et al., 2006; Fischer, 2003). Discourse analysis discovers how certain discourses become hegemonic, the structure and primary claims of those discourses, how they influence actors, and how they justify certain courses of action (Clarke, 2007; Fischer, 2003). Within an discursive approach to policy studies, it is essential to not only be able to identify the discourses being used by policy actors, but also the political forces that influence their development and reinforce their dominance in perspectives on an issue (Fischer, 2003).

In this study, CSAOs are viewed as primary interpreters and implementers of a federal policy, the Minimum Legal Drinking Age (MLDA). CSAOs interpret the policy and guide its implementation and translation within the socio-cultural environment of their particular campus. The CSAO is also the central figure who represents and interprets the president’s position on the AI to stakeholders that range from students, to parents, to student affairs staff, and to community stakeholders. The study was guided by a discursive approach to policy studies (Fischer, 2003). Within this broader theoretical orientation, Yanow’s interpretive policy analysis served as a more specific theoretical framework through which to understand the experiences of CSAOs as they interpreted

the MLDA and their campus president's position on the AI to the campus community. Discourse analysis methods (Fischer, 2003; Gee, 2005, 2011) were used to understand and illuminate the perspectives of the CSAOs' experience on campuses that did and did not sign the AI.

Research Questions

The primary purpose of this study was to explore how Chief Student Affairs Officers (CSAOs) describe the impact of the Minimum Legal Drinking Age (MLDA) (1984) on high-risk drinking and alcohol-related issues on college and university campuses. The secondary purpose was to describe the impact of the Amethyst Initiative (AI) (2008) on CSAOs who work on campuses that did and did not sign the AI. The experiences of CSAOs from campuses that did and did not sign the AI were examined, using methods that illuminated the context of how the CSAOs viewed the problem of high-risk drinking on their campus and described their leadership of campus alcohol abuse prevention efforts. Specifically, the following research questions guided this study:

1. How do Chief Student Affairs Officers interpret the Minimum Legal Drinking Age?
2. How has the Amethyst Initiative affected Chief Student Affairs Officers interpretation and implementation of the Minimum Legal Drinking Age?

Sample Selection

These research questions were addressed through discourse analyses of documents and individual topical interviews (Glesne, 2006). In this study, two specific experiences were sought, being a CSAO at an AI signing institution and a non-AI signing

institution. Since there is no specific guidance for sample sizes in interpretive policy analysis, the researcher used sample size recommendations for phenomenological research which range from six (Morse, 1995) to 10 (Creswell, 2008). The intended sample size was 10 to 12 participants, with five to six participants in each category; the final sample included 16 participants, with eight from each of the two categories.

A stratified purposeful sample was developed from the entire sampling frame of the 136 institutions that signed the Amethyst Initiative. A stratified purposeful sample design illustrates sub-groups of interest and allows for comparisons (Patton, 2002). Based on the profile of the Amethyst Initiative sample (Table 2.1), a purposeful sample of six designed to be proportional to the full sample included four private campuses, one public campus, two religiously affiliated schools, and at least one women's college. Since the AI schools were not evenly distributed by region and because college drinking levels differ by region (Southern Illinois University, CORE Institute, 2008), attention was also paid to regional demographics. The total AI population included schools from 38 Mid-Atlantic, 36 New England, 24 Midwestern, 21 Western, and 18 Southern states. Therefore, the sample goal for AI campuses included two New England, 2 Mid-Atlantic, one Western, and either one Southern or Midwestern campus. See Table 3.1. for a visual representation of the sample goals.

Based on the sample criteria for the AI campuses, a comparison sample was drawn from a stratified random sample of non-AI campuses. The researcher used the Carnegie Classifications for Institutions of Higher Education (<http://classifications.carnegiefoundation.org/>) website to develop the comparison

sample. Using the Web-based custom listings tool, the researcher developed a list of 1,572 institutions that grant undergraduate degrees, excluding professional or graduate only institutions. That list was sorted by five geographic regions (New England, Mid-Atlantic, Mid-West, South, and West) and by public or private affiliation.

The researcher drew three AI institutions for each participant goal using randomization by using a Web-based random number generator. Assuming less interest among non-AI CSAOs, 10 institutions were drawn for each sample goal. The identity of the CSAO was sought on the institutional Website and an invitation was issued. Table 3.1 delineates how the sample goals matched the final AI sample and non-AI sample by institutional characteristics and regional characteristics.

Table 3.1

Summary of sample goals and study sample for Amethyst Initiative and non-Amethyst Initiative participants, by institutional characteristics and regional location.

		<u>Type of Institution</u>	
	Sample Goal	Amethyst Initiative	Non-Amethyst Initiative
Institutional Characteristics			
Private institution	4	6	6
Public institution	1	2	3
Religiously affiliated	2	2	1
Women’s college	1	1	1
Regional Characteristics			
New England	2	2	5
Mid-Atlantic	2	3	2
South or Midwest	1	3	
West	1		1

Data Collection

Approval for the study was obtained from Clemson University's Institutional Review Board (Appendix B). To protect the participants' confidentiality, signatures were not required on the informed consent documents, but each participant received the informed consent document (Appendix C) by email when their interview was confirmed. At the start of each interview, the researcher confirmed the participants' receipt of the consent document, gave a quick synopsis, and asked if the participant had any additional questions.

The CSAOs of the selected institutions were contacted by email invitation. The sample was achieved through responses to the initial email invitations, with the exception of AI institutions from the West. The AI institutions from the West received two additional follow-up contacts which did not yield any participants. New England CSAOs from non-AI institutions responded at a higher rate than other non-AI regional samples.

Forty-five to 60 minute interviews were sought. Interviews were offered via in-person interviews at national conferences or phone calls. Fifteen interviews were conducted by phone; one was conducted at a national student affairs conference. Interview lengths ranged from 25 to 70 minutes, with an average length of 38 minutes. Interviews were captured as audio digital recordings. Each interview was transcribed and sent to the CSAO for member checking for accuracy; additional comments were also invited. The researcher wrote an analytical memo after each interview to capture initial impressions (Glaser & Strauss, 1967), as well as kept a subjectivity journal throughout the interview and analysis period to assist in keeping the subject and researcher experiences bracketed apart from each other (Loftland & Loftland, 1995).

Interview Protocol

The interview protocol was designed to elicit the discourses that CSAOs used in their interpretation of the MLDA and to describe their experiences with the AI. To capture the context-specific institutional discourses as well as common discourses for CSAOs as a group, the researcher asked participants to explore how they conceptualized high-risk drinking on their campuses and how the problem was addressed under their leadership. The CSAOs were asked to reflect on how their perspective and leadership on

alcohol-related issues was perceived by other institutional leadership. With this contextual setting in place, the CSAOs were then asked to describe the impact of the MLDA on their work. Lastly, the protocol turned to asking CSAOs to describe the unique historical perspective of the experience of being a CSAO during the launch of the AI, whether or not their president signed the AI. Appendix D contains the complete interview protocol. Figure 3.1 explicates how the interview protocol links the research questions to core concepts of interpretive policy analysis and discourse analysis.

Research Questions	Interview Questions	Aim
<p>How do Chief Student Affairs Officers interpret the Minimum Legal Drinking Age?</p> <p>What has been the impact of the Amethyst Initiative on the work of Chief Student Affairs Officers?</p>	How long have you been in your position? Please tell me about your history of positions in higher education.	Experience/behavior question (Patton, 2002); gives context to career path.
	Each campus has unique features to its alcohol culture. Tell me about how you perceive the alcohol culture on your campus.	Explore context-specific discourses about high-risk drinking (Clarke, 2007)
	Please tell me a story about an alcohol-related issue you have had to address here.	Probe for problem-setting stories (Schon & Rein, 1994) which illuminate both problem construction and participant action
	<p>Given that culture, how have you addressed issues about high-risk drinking as a chief student affairs officer?</p> <p>Sub-prompt: Do you have a specific philosophy or guiding principles when addressing this issue?</p>	Explore participant discourses of action which may be influenced by institutional context, public health discourse, student development discourse, personal beliefs, etc.
	How does your approach and/or philosophy about alcohol prevention and response relate to that of other institutional leaders, such as your president?	Explore context-specific discourses about institution; explore congruence of institutional and participant definitions of CSAO role; sets context for response to AI.

What do you perceive as the impact of the minimum legal drinking age on your work?	Elicit participants response to research question 1
<p>Were you in this position during the period of the summer and fall of 2008 when the Amethyst Initiative was announced? Can you talk a bit about what happened on this campus?</p> <p>Sub-prompt: What types of conversations were had within the administration of this institution?</p> <p>Sub-prompt: What conversations have you had with students about this?</p>	Elicits historical information about research question 2. Explores CSAO role in institutional decision on the AI and their role as an actor in response to institutional decision. Elicits feelings and beliefs in response to the artifact, the AI presidential statement.
<p>If it was announced today, in 90 days that the drinking age would be lowered to 18 years old, what would you anticipate happening?</p> <p>Sub-prompt: What would be positive about this?</p> <p>Sub-prompt: What would be negative about this?</p>	Alternative way to explore research question 1 within the context of the institution.
Would the above scenario change your approach to addressing high-risk drinking on this campus?	Cumulative question to connect discourses about leadership related to alcohol to discourses about the MLDA.

Figure 3.1. Map of interview protocol to research questions and core concepts of interpretive policy analysis and discourse analysis.

Data Analysis

The data from this study were analyzed using discourse analysis under the broader theoretical approach of interpretive policy analysis (Fischer, 2003; Gee, 2005, 2011; Yanow, 2000). Interpretive policy analysis has four key phases (Wagenaar, 2007; Yanow, 2000). The first step is to identify the artifacts (language, objects, acts) that are the carriers of meaning. Through this approach, policies and other organizational artifacts that represent policies are concrete symbols of organizational values, beliefs, and feelings (Yanow, 1996). Interpretive policy analysis examines symbolic language, objects, and acts as carriers of meaning. Meaning includes the values, beliefs, and feelings of a person or organization. Symbolic artifacts carry the meanings of “a particular point in time or of a particular socio-cultural environment” (Yanow, 1993, p. 47). In this study, the artifacts included a federal policy, the MLDA, and a more recent policy initiative, the AI. The AI presidential statement itself (Appendix A) was analyzed. However, interviews that illuminated the participants’ interpretation of the MLDA and the AI were the primary language artifacts of the study.

The second step of interpretive policy analysis is to identify the interpretive communities relevant to a policy that are the perceivers of the meaning. The interpretive communities of this study are college campuses, which are individual cultures that are impacted by the MLDA. These communities are lead by presidents who were asked to sign the AI; this study explores communities whose presidents both did and did not sign the AI. This study also identifies CSAOs as an interpretive community of key actors in

college and universities' campus interpretation of the MLDA and thus a community impacted by the AI overall.

The third step of interpretive policy analysis is to identify the discourses through which these meanings are communicated (Fischer, 2003; Wagenaar, 2007; Yanow, 2000). This study drew on the field of discourse analysis (Gee, 2005, 2011) and specifically the scholarship of discourse analysis of public policy (Allen, 2003; Clarke, 2007; Fischer, 2003; Wagenaar, 2007). Once the discourses were identified, the final step was to identify any point of conflict that suggests that different groups attach divergent meanings to some aspect of the policy (Yanow, 2000).

In this study, a discourse is defined as “an integration of sentences –spoken or written- that produces a meaning larger than that contained in the sentences examined independently” (Fischer, 2003, p. 74). Discourses produce and replicate a given reality (Allen, 2003). Discourses can be found in the language, rhetorical arguments, and narrative stories of the participants and documents (Fischer, 2003). These discourses can reveal how problems are identified, who is perceived to be responsible for the problems, and how groups come to privilege some solutions and discount others (Clarke, 2007).

The researcher used Gee's discourse analysis methods (2011), which focused both on the details of language structure and “meaning in social, culture, political terms,” which is broader than traditional linguistics-only focused discourse analysis (Gee, 2011, p. 3). In his approach to discourse analysis, Gee (2005, 2011) sought to create a balance between a cognitive focus, focus on social interactions and activities, and focus on society and institutions. Gee's methods include 27 tools for discourse analysis, each

framed as a specific question to “ask of the data” (p. 5). Special focus was paid to the five theoretical tools: (a) situated meaning, influenced by social psychology, where people “actively build meaning “on line” when we use language in specific contexts” (Gee, 2011, p. 150); (b) social languages, influenced by sociolinguistics, which recognize that different social and cultural groups within a larger culture use language connected in meanings and activities specific to their group; (c) intertextuality, from literary criticism, which highlights where a speaker is referring to other texts or media within their speech; (d) figured worlds, from anthropology, refers to narratives and images shared by social or cultural groups about what is expected in the world; and (e) the Big D discourse, which refers to overarching ways of expressing and recognizing significant social identities through the use of language together with other behaviors and beliefs. “Discourse,” for Gee, refers to the entire performance on an identity including values, attitudes, beliefs, and emotions and the use of various objects, symbols and tools, versus the “discourse” of language-in-use used in the moment to “enact activities and identities” (Gee, 2005, p. 7).

Transcripts and documents were read repeatedly and analyzed to discover discourses embedded within the language. The AI statement was analyzed first to allow the researcher to identify intertextuality of its arguments in the CSAO interviews (Gee, 2011). Transcripts were coded for language that revealed discourses in two primary ways. Each individual transcript was analyzed for context-specific discourses for each participant and their institution. The researcher also coded across all of the transcripts to

identify common discourses, to identify patterns in the use of certain discourses, and for insight into the development of lines of reasoning in the discourses.

The researcher identified the dominant discourses which CSAOs used to frame high-risk drinking and alcohol-related problems, as well as the discourses of how they describe their own role and approach in addressing these problems. Careful attention was paid to the influencing factors on how the discourses constructed and shaped the definition of the problem, including institutional-context, relation to the senior leadership, student development influence, public health influence, and personal beliefs. These discourses naturally privileged some solutions over others (Clarke, 2007; Fischer, 2003). Given the discourses that the CSAOs privileged, the impact of the MLDA as an externally mandated solution and its level of implementation was explored for its coherent or disjarring effect on the discourses used by the CSAOs. Similarly, the experiences of CSAOs related to the AI, such as their involvement in the presidents' decisions, their role in managing the campus reaction, and the long-term impact of the initiative, was understood within the contexts and discourses set by the CSAOs. The discourses used by the CSAOs were displayed through the use of "thick description" (Geertz, 1973) in the findings chapter.

Researcher Statement of Positionality

Central to interpretive methods is the careful reflexivity of the researcher (Allen, 2003; Yanow, 2007). Interpretive approaches to policy analyses are derived from phenomenological and hermeneutical traditions (Fischer, 2003; Yanow, 2007). Therefore, a statement of positionality can highlight how the researcher dealt with any preconceived

notion about the phenomenon in both the data analysis and the qualitative interactions with the subjects (Allen, 2003; Yanow, 2007).

I believe that I was uniquely positioned to conduct this research based on my background and personal position on the issue. Early in my career, I worked in small college settings, including both a signing campus (Bennington College) and an Evangelical Lutheran Church in America (ELCA) college similar to several AI signing institutions. I also attended an AI signing institution for the first half of my undergraduate career (Bates College). Most recently, I have worked professionally for the last 10 years in alcohol abuse prevention in higher education at University of North Carolina Wilmington. I am fully inculcated into the predominant models of effective prevention, particularly harm reduction and environmental management theory, which does include a focus on policy. I have worked full-time as a higher education administrator for over 12 years; alcohol abuse prevention efforts have been a primary role for almost 10 of those years. I often view my work as positioned at the intersection of public health and higher education. I function daily as a mid-level student affairs administrator, directing two programs that address substance abuse and violence prevention. As a dedicated practitioner and a successful grant writer, I have achieved over 1.5 million dollars in grants to research alcohol and violence prevention efforts. Most of those grants were funded by federal public health agencies like the National Institute on Drug Abuse, which prescribes dedication to public health research models. I have often been struck by the lack of essential understanding between public health and higher education officials and have recently been alarmed as the conversation has become even more polarized.

Personally and professionally, I can fully relate to both the arguments for and against the MLDA. I agree with many of the statements put forth in the Amethyst Initiative, but as a public health practitioner, I know that real lives are saved by this public policy. Both sides of the argument exist because of and circle around what I perceive as the real problem, the ambivalent attitudes prevalent in the U.S. toward alcohol use, especially alcohol use by youth.

Although the support of a college president is essential, this research project asserts that the CSAO ultimately sets the direction for campus efforts related to alcohol. The researcher assumed that CSAOs are dedicated to addressing the problem of high-risk drinking on campus. The interpretive paradigm guided the construction of this study. Thus, it was assumed that how the participants construct the reality of the problem and even how each campus constructs its collective reality is essential to understand.

Trustworthiness

The researcher undertook a number of steps to establish the trustworthiness of the findings. Researchers exploring context-specific policy analysis must pay special attention to the transparency of methods and evidence to back up their claims (Clarke, 2007). Credibility, which parallels internal validity from quantitative research, was established through member checks, peer debriefing, and progressive subjectivity (Creswell, 2008). Transcripts were sent to the participants. Participants were asked to check the transcripts for accuracy and invited to add additional thoughts. The researcher kept a subjectivity journal throughout the process (Lofland & Lofland, 1995) and wrote an analytic memo after each interview (Glasser & Strauss, 1967). The discourses

established through the analysis are described with enough thick, rich description for the reader to judge transferability (Geertz, 1973; Guba & Lincoln, 1989).

Throughout the data analysis, the researcher used techniques to eliminate alternative explanations and support the conclusions, such as triangulation of different sources, searching for discrepant or disconfirming information, and checking rival explanations (Clarke, 2007; Maxwell, 2004; Miles & Huberman, 1994). At the conclusion of hand coding the transcripts and initial drafting of discourses, the researcher re-coded the transcripts using the qualitative software QSR Nvivo 9 for an additional confirmation of themes and discourses. A peer debriefer with expertise in interpretive policy analysis read transcripts to check the researchers' interpretations and fit with the theoretical tradition (Maxwell, 2004; Miles & Huberman, 1994). The research was conducted in a way that a dependability and confirmability audit could be conducted in order to prove both the appropriateness of the methods and the quality of the analysis, terms that are akin to reliability and objectivity (Lincoln & Guba, 1985).

Pilot Study

A pilot study was conducted in Fall 2010. The purpose of the pilot study was to test how well the interview protocol (Appendix E) matched the theoretical framework and answered the research questions. Approval for the pilot study was obtained from Clemson University's Institutional Review Board (Appendix F).

Three CSAOs were participants in this pilot study. Two of the participants were men and one participant was a woman. The professional experience of the participants ranged from six to 19 years; the participants' years of experience as a CSAO ranged from

one to five years. All three participants were in their first CSAO position. Two of the CSAOs worked at private colleges with under 2,000 students. The third CSAO worked at a public institution with over 10,000 students.

The responses of these CSAOs revealed that their approach was influenced by a holistic student development perspective. The participants believed that students' behavior could be influenced by reasoning with students, especially in highly salient moments like conduct conferences or after a medical emergency. Participants were disdainful of punitive approaches and arbitrariness in response to student issues. The CSAOs from smaller campuses expressed more disdain for restrictive policies. The consequences of high-risk drinking for students and the campus response were situated within the ultimate goals of individual students achieving their educational goals and the overall development of the student.

The pilot study affirmed the study topic broadly and the use of thematic interviews with CSAOs to explore the MLDA and AI. The pilot study also revealed the need to focus more specifically on the policy interpretation and implementation of the MLDA and AI by CSAOs. The role of the discourses used by the CSAOs to frame the issue of alcohol abuse and alcohol-related problems influenced their implementation of the MLDA, and the AI. Therefore, the study was revised to use a discursive approach to policy analysis.

Chapter Summary

Chapter III described the research design and methodology of the study. The data collection and data analysis methods were presented. This study used a discursive

approach to policy studies. Interviews were conducted with CSAOs from schools whose presidents did and did not sign the AI. In addition, the AI statement itself was analyzed. Interpretive policy analysis (Yanow, 2000) provided a broad theoretical base and methods consisted of discourse analyses of documents and interviews with key actors (Gee, 2005, 2011). Chapter IV describes the implementation and findings of the full study.

CHAPTER IV

RESULTS

Introduction

This study explored how Chief Student Affairs Officers (CSAO) implemented the Minimum Legal Drinking Age (MLDA) as they led alcohol abuse prevention efforts on their campuses. The Amethyst Initiative (AI), a movement signed by 136 college presidents calling to re-examine the MLDA, was examined to highlight this experience. The experiences of CSAOs from campuses that did and did not sign the AI were examined, using methods that illuminated the context of how CSAOs viewed the problem of high-risk drinking on their campus and described their leadership of campus alcohol abuse prevention efforts.

Specifically, the following research questions guided this study:

1. How do Chief Student Affairs Officers interpret the Minimum Legal Drinking Age?
2. How has the Amethyst Initiative affected Chief Student Affairs Officers interpretation and implementation of the Minimum Legal Drinking Age?

This chapter outlines the findings of this study, including demographics and profiles of the participants, a document analysis of the AI Presidential Statement, and thematic findings related to the two research questions. This study used discursive methods of policy analysis; discourse analysis and interpretive policy analysis methods guided the analysis.

Participant Demographics

Sixteen CSAOs participated in this study. Eight were CSAOs at institutions whose presidents signed the AI and eight were CSAOs at institutions whose presidents did not sign the AI. Since the AI was a presidential decision, not every CSAO shared the same perspective on the AI as their institutional leader. Therefore, participants are described in this chapter through both demographic tables and a short profile of each participant. Profiles include information about the participants' careers, their perspective on the MLDA, and their perspective on the AI. Table 4.1 describes the participant demographics for AI campus CSAOs and Table 4.2 describes the participant demographics for the non-AI campus CSAOs.

Table 4.1

Research Participant Demographics for Amethyst Initiative Campuses.

Participant	Gender	Years in Higher Education	Region of Institution	Size of Institution
Participant #1	Female	20+	Mid-Atlantic	Under 2,000
Participant #2	Male	30	New England	Under 2,000
Participant #4	Male	33	Mid-Atlantic	Under 2,000
Participant #7	Male	40	Southern	Over 10,000
Participant #9	Female	19	New England	Under 2,000
Participant #10	Female	20-30	Mid-Atlantic	Under 2,000
Participant #11	Female	10-15	Midwest	Under 2,000
Participant #15	Male	29	Southern	Under 2,000

Table 4.2

Research Participant Demographics for Non-Amethyst Initiative Campuses.

Participant	Gender	Years in Higher Education	Region of Institution	Size of Institution
Participant #3	Male	34	New England	5,000-10,000
Participant #5	Male	20	New England	Under 2,000
Participant #6	Male	18	Mid-Atlantic	Under 2,000
Participant #8	Male	30	New England	Under 2,000
Participant #12	Male	18	New England	Under 2,000
Participant #13	Male	30+	New England	5,000-10,000
Participant #14	Male	30+	New England	Over 10,000
Participant #16	Male	31+	Southern	Over 10,000

Participant Profiles

The following participant profiles were constructed to illustrate the diversity of this highly educated and committed group of educational professionals. The participants of this study defied any easily preconceived patterns of positions on the issues of collegiate alcohol abuse, the MLDA, or the AI. They did not simply report an institutional position; they thoughtfully reflected on their roles, their institutions, their careers, and their passion for students and student affairs administration.

Participant #1- AI Institution

Participant #1 was a woman who had worked in higher education for over 20 years. Initially a faculty member, she worked at a community college before joining her institution 13 years ago. She had been the CSAO at her current small, private institution for 10 years. She was personally in favor of the current MLDA although she was concerned about the political ramifications of that position. She expressed her opposition to the AI to her president. Her president hosted a debate between Dr. McCardell, founder of the AI, and the president of Mothers Against Drunk Driving. The president signed the AI. However, recent, significant alcohol-related incidents on their campus had this CSAO and president joined in policy development and enforcement.

Participant #2- AI Institution

Participant #2 was a man who was the CSAO at a technical college in New England, which did have residential students on the main campus. He had worked in higher education for over 31 years, six as a faculty member and 25 in student affairs. He came to his current institution as the CSAO 10 and a half years ago. This CSAO was personally in favor of an age 18 MLDA and supported the AI. He was aware that his system chancellor had signed the AI and that his president was in favor of it, but was unclear at the time of the interview if he had signed it.

Participant #3- Non-AI Institution

Participant #3 was a man who had worked professionally in higher education his entire career and for 34 years at his current institution, a mid-sized, state institution. Initially working in student affairs, he was an academic dean for almost 20 years and had

been the CSAO for the last 11 years. He was personally in favor of the age 21 MLDA and against the AI. He had been a leader in his state on alcohol abuse prevention and underage drinking prevention initiatives.

Participant #4- AI Institution

Participant #4 was a man who had worked in higher education for almost 35 years and had been at his current private, Catholic institution for 24 years. He was in favor of a lower MLDA and his institution's participation in the AI.

Participant #5- Non-AI Institution

Participant #5 was a man who had worked professionally in higher education for 22 years, including 15 years at his current small, private institution. He held several progressive positions until being appointed CSAO five years ago. His president felt that although there were some elements of the AI which he supported, he did not feel that it was a good idea for the institution to sign. This CSAO was not willing to say he was in favor of the AI since he wasn't familiar with the full document, but he was strongly in favor of an age 18 MLDA.

Participant #6- Non-AI Institution

Participant #6 was a man who had been at his current small, private institution for 18 years. Initially a faculty member, he accepted a one year interim appointment as the CSAO and successfully applied for the permanent position eight years ago. He was personally in favor of an age 18 MLDA, but was concerned that signing the AI would have been a setback to the slow but steady progress that the institution had made on

alcohol abuse prevention. He felt that the president heard his argument, although ultimately declined to sign for his own political reasons.

Participant #7- AI Institution

Participant #7 was a man who had spent his entire career in student affairs, almost 42 years. He had been with his large state institution for 29 years, attaining progressive positions until being appointed as the CSAO in 2008. He was personally in favor of an age 18 MLDA and was very supportive of his president's signature of the AI.

Participant #8- Non-AI Institution

Participant #8 was a man who had worked as a student affairs professional in both a variety of positions and institutions for almost 30 years. He had been the CSAO at his small, private, Catholic institution for seven years. He was in favor of an age 18 MLDA and was disappointed that his president did not sign the AI.

Participant #9- AI Institution

Participant #9 was a woman who had worked for 19 years in higher education, 14 of which were at her current small, private institution. She was appointed as CSAO in 2007. She was ambivalent about the MLDA, citing both its arbitrariness and the benefit of the educational interventions it allowed the institution. She was supportive but detached from her president's decision to sign the MLDA.

Participant #10- AI Institution

Participant #10 was a woman who had worked in higher education for over 20 years, predominantly at small, private, religious institutions. She was the first professionally trained CSAO at her small, private, religious, women's college, appointed

just four years ago. She was in favor of a lower MLDA. She supported her president's decision to sign the AI, although felt that she frustrated her president by asking for details on how it would be guided and implemented.

Participant #11- AI Institution

Participant #11 was a woman who joined her small, private, Christian institution two years ago, a year after her president signed the AI. She was among the least experienced CSAOs, with approximately five years experience as a CSAO and less than 15 years experience overall. She was a strong believer in a lower MLDA and strong supporter of her president's signature on the AI, which she was aware of as she accepted her position.

Participant #12- Non-AI Institution

Participant #12 was a man who has been with the same small, private institution for his entire 18 year career in student affairs. He had held progressive positions including Dean of Students for a number of years. One year ago, when the Vice President retired, the Dean of Students and VP position were combined. Participant #12 was in favor of a lower MLDA. He was disappointed that his president did not sign the AI and attempted to engage staff and students in conversation about the AI with little interest reciprocated.

Participant #13- Non-AI Institution

Participant #13 was a man who had worked in student affairs for 19 years, including the last seven as the CSAO of his small, private institution. Student affairs was his second career in higher education after 22 years as an athletic coach. He was a strong

believer in the age 21 MLDA and supportive of his president's decision to not sign the AI.

Participant #14- Non-AI Institution

Participant #14 was a man who had been with his mid-sized, public institution for over seven years. Prior to accepting his current position, he held progressive student affairs positions for almost 30 years at a large public institution. He was in favor of the age 21 MLDA and was in favor of the institutional decision to not sign the AI.

Participant #15- AI Institution

Participant #15 was a man who had worked in student affairs for 29 years. He had worked in progressive positions at public and private institutions and became the CSAO at his small, private institution eight years ago. He was in favor of an age 18 MLDA and very supported of his president's decision to sign the AI, which he described as "a principled position."

Participant #16- Non-AI Institution

Participant #16 was a man who has been a CSAO for 31 years, including 15 years at his current public, women's institution. Therefore, he was a CSAO during both age 18 and age 21 MLDA time periods. Although he found the MLDA and the AI somewhat peripheral issues at his diverse, nontraditional institution, he was personally in favor of an age 18 MLDA. He was neutral about the AI since he felt it has little effect on his institution.

Document Analysis: Amethyst Initiative Presidential Statement

The AI movement began with college presidents being asked to support a specific declaration. The AI Presidential Statement had been authored by John McCardell, president of Middlebury College, in consultation with eight of the original signing presidents (Inaba, 2008). Analysis of the discourses contained within this document provided an appropriate background to understand the perspectives of CSAOs. The full text of the AI Presidential statement is contained in Appendix A and reprinted below:

IT'S TIME TO RETHINK THE DRINKING AGE

In 1984 Congress passed the *National Minimum Drinking Age Act*, which imposed a penalty of 10% of a state's federal highway appropriation on any state setting its drinking age lower than 21. Twenty-four years later, our experience as college and university presidents convinces us that

TWENTY-ONE IS NOT WORKING

A culture of dangerous, clandestine binge-drinking, often conducted off-campus, has developed. Alcohol education that mandates abstinence as the only legal option has not resulted in significant constructive behavioral change among our students.

Adults under 21 are deemed capable of voting, signing contracts, serving on juries and enlisting in the military, but are told they are not mature enough to have a beer.

By choosing to use fake IDs, students make ethical compromises that erode respect for the law.

HOW MANY TIMES MUST WE RELEARN THE LESSONS OF PROHIBITION?

We call upon our elected officials:

To support an informed and dispassionate public debate over the effects of the 21 year-old drinking age.

To consider whether the 10% highway fund incentive encourages or inhibits that debate.

To invite new ideas about the best ways to prepare young adults to make responsible decisions about alcohol.

We pledge ourselves and our institutions to playing a vigorous, constructive role as these critical discussions unfold. (Amethyst Initiative, 2008)

This densely worded declaration was constructed to be inclusive of the major arguments that the AI and its supporters were making about the current U.S. MLDA. By examining the discourses contained within this document, the researcher and reader can recognize the intertextuality in the speech of the participants; intertextuality refers to when a speaker is directly or indirectly referencing a text which the speaker assumes the reader to understand (Gee, 2011). A detailed analysis of the discourses in the AI Presidential Statement also displays the persuasiveness of the language of the AI. Six discourses were invoked through this document: (a) Open Market of Ideas, (b) Outdated Research, (c) Rites of Adulthood, (d) Effective Education, (e) Hidden Danger, and (f) Moral Development. Each of these discourses is examined in this section.

Open Market of Ideas. College presidents do not have authority over the MLDA nor is higher education the subject of the MLDA. Colleges have authority over only the approximately one-third of adults 18-24 year olds who are enrolled in college (National Center for Educational Statistics, 2011) and generally only concern themselves with their students' conduct on their physical campus. In the AI Presidential Statement, these presidents invoked the socially situated role of college campuses as a marketplace for innovative ideas and debates. The presidential statement opened with the capitalized "IT'S TIME TO RETHINK THE DRINKING AGE," implying that college and university presidents had the right to declare a topic open for debate (Amethyst Initiative, 2008). The audience of the presidential statement, "elected officials," which was not specified until the final paragraph, was called upon to support "an informed and dispassionate public debate" (Amethyst Initiative, 2008). They were not called upon to

hold or develop the debate; it was implied that this was the role of colleges and universities. The presidents vowed to play a “vigorous, constructive role” in “critical discussions” (Amethyst Initiative, 2008). The presidents were using a discourse of the university as a marketplace of ideas and a host of informed debate rather than taking or recommending a position. However, this discourse was weakening by the similarly capitalized “TWENTY-ONE IS NOT WORKING,” which declares a strong opinion (Amethyst Initiative, 2008).

Outdated Research. The AI Presidential Statement opened with the statement that it is “time to rethink” the drinking age (Amethyst Initiative, 2008). Immediately following, the first paragraph opened “In 1984,” the date of the National Minimum Drinking Age Act (Amethyst Initiative, 2008). These clauses positioned together implied that the research on the MLDA was outdated and/or that no research had been done since that time.

Rites of Adulthood. The AI Presidential Statement pointed to four key rites of adulthood that are given to U.S. citizens when they are 18: (a) voting, (b) signing a contract, (c) serving on juries, and (d) enlisting in the military. The authors used three major civic duties that are important to the U.S. general public and legislators. The authors used the argument of enlisting in the military during a time (2008) when the U.S. was involved in two major military conflicts, which could invoke additional emotion in most readers. “Signing a contract” may initially look benign or out of place, but the most important contract that most adults in the U.S. will sign or hope to sign is that of homeownership (Amethyst Initiative, 2008). This sentence ended with the clause that

“adults under 21” are “told they are not mature enough to have a beer” (Amethyst Initiative, 2008). The sentence was constructed to make the MLDA seem absurd. The people who have “told” these adults, not the reader or the authors presumably, were positioned as not supporting the troops, respecting their civic duties, or recognizing the importance of the “American Dream” of homeownership.

Effective Education. The authors declared that alcohol education that implied that “abstinence is the only legal option” has not resulted in effective behavior change (Amethyst Initiative, 2008). The authors invoked an image of colleges and universities who wanted to educate students to prevent alcohol abuse, but the MLDA had tied their hands. The structure of the sentence placed the reason for not making appreciable progress on the problem of underage drinking on the limitations that the law created in education. In actuality, there is little evidence that colleges and universities are actually teaching that no use is the only option. The general public probably did not have an awareness of the alcohol education that happens on college campuses, but there was much public awareness of abstinence-only sex education in K-12 schools, which was a major initiative of the presidential administration at the time of the declaration. Since school curriculum can be tightly controlled through public policy, the idea that the age 21 MLDA was an impediment to effective alcohol education was believable to a public and legislative audience.

Hidden Danger. One of the most emotionally laden phrases in the AI Presidential Statement was the phrase “a culture of dangerous, clandestine binge-drinking” (Amethyst Initiative, 2008). Alcohol-related tragedies have generated national media attention,

especially the deaths of college students. The words “dangerous,” “clandestine,” and “binge” acted together to implicate the age 21 MLDA in creating danger and acting as a barrier between help and tragedy (Amethyst Initiative, 2008). The following clause “often conducted off-campus” put the danger beyond the helping hand of the university and into the neighborhood of the reader, possibly invoking a threat to the reader as well (Amethyst Initiative, 2008). Yet, the emotion evoked by this danger was discounted only four lines later, when the MLDA prohibited adults under 21 from having a simple beer.

Moral Development. Last among the themes was the way that the age 21 MLDA was positioned to interrupt the moral development of students. If the moral development of college students is believed to be part of the contract between higher education and society, the MLDA interrupted that development by forcing underage students who drink to “make ethical compromises that erode respect for the law” (Amethyst Initiative, 2008). If college students, likely future leaders in society, have less respect for the law than their elders, the fabric of society will likely be compromised. This key phrase was qualified with the specific example of using a fake ID, a misdemeanor crime or violation that could be construed as a victimless crime. The sentence controlled what type of erosion of the law the reader considered. Other types of violations, like drinking and driving, would have evoked a different emotion. In fact, while drinking and driving deaths was the key alcohol-related consequence used to pass the National Minimum Legal Drinking Age Act (1984), and the key outcome measurement cited by supporters, it was conspicuously absent from this declaration.

The AI Presidential Statement was the document that college presidents were invited to sign in the spring and summer of 2008. Analysis of this document using discourse analysis methods (Gee, 2011) revealed six major discourses used by the presidents who authored the AI Presidential Statement: (a) Open Market of Ideas, (b) Outdated Research, (c) Rites of Adulthood, (d) Effective Education, (e) Hidden Danger, and (f) Moral Development. By analyzing the AI presidential statement first, the researcher was able to recognize how its discourses were used by or influenced study participants whose presidents did and did not sign the Amethyst Initiative. Next, the interviews with the 16 participants were analyzed, using both interpretive policy analysis and discourse analysis methods (Gee, 2005, 2011; Yanow, 1996, 2000).

Implementation of the MLDA

CSAOs are the campus officials who coordinate the campus response to issues of alcohol abuse. The MLDA is a federal law that directly impacts this role, since the majority of college students are under the age of 21 (National Center for Educational Statistics, 2011). Therefore, the CSAO is the primary interpreter of the MLDA for their campus. An interpretive approach to policy analysis “focuses on the meanings of policies, on the values, feelings, and/or beliefs which they express, and on the processes by which those meanings are communicated to and “read” by various audiences” (Yanow, 1996, p. 8-9).

The implementation of the MLDA by CSAOs happens within the overall landscape of how that CSAO perceives the problem of collegiate alcohol abuse in general and within the context of their specific campus. This MLDA implementation fits within their

overall approach to the prevention of alcohol abuse. Therefore, the researcher asked CSAOs to describe their background, their campus alcohol culture, and their approach to alcohol abuse in conjunction with describing their implementation of the MLDA and their experience with the AI. Using discourse analysis methods (Gee, 2011), the researcher analyzed the transcripts of the 16 participant interviews for the research question “How do CSAOs interpret the MLDA?” Findings related to this research questions were sorted into 21 discourses that were further reduced to six major themes. Each of these major themes is discussed in this next section. The six major themes are:

- Dangerous and irresponsible drinking is the primary alcohol-related concern to CSAOs;
- Students can be educated and reasoned into right action;
- CSAOs attempt to balance being too lenient and too harsh when addressing alcohol abuse;
- Perspectives on alcohol abuse prevention range from success to sincere doubt that the problem can be changed;
- CSAOs are unclear about the effects of a lower MLDA; and
- CSAOs discussed the implementation of the MLDA through the lens of various roles they played in the campus community.

Theme 1: Dangerous and irresponsible drinking. The MLDA articulates that underage drinking is a public health problem to be eliminated. These interviews revealed that CSAOs did not identify underage drinking as the problem that their efforts were

trying to address. Rather, the CSAOs in this study identified the subject of their alcohol abuse prevention efforts as addressing dangerous and irresponsible drinking.

And even though we may reduce dangerous and irresponsible drinking and you see I keep emphasizing dangerous and irresponsible drinking. I am talking about, you know, the goal could be to eliminate underage drinking on our campus, that's not our goal. (Participant #5, Non-AI)

I think the emphasis there is not, you know, an anti-alcohol taskforce or ways to stop people from drinking because I think it's an acknowledgement that the people are going to drink, and how can we teach them drink responsibly, and how can we work with them to hopefully avoid people being harmed, injured or people being killed. (Participant #7, AI)

The declaration of dangerous and irresponsible drinking as the problem on campus was not only part of the vernacular of how these two CSAOs defined the problem, but was codified in the official responses. Participant #5 had a working group of faculty, staff, and students who addressed the problem; that group developed "a strategic plan that's 10 to a dozen pages long and that, you know, we as a, not as a dean's team, but as a group of students and staff implement on campus to try to reduce dangerous and irresponsible drinking."

Similarly, Participant #7 had recently convened a group of students, faculty, and staff in response to an alcohol-related accidental death on their campus.

I appointed a taskforce this past, last year to take a look at our alcohol scene and to come up with the recommendations of things that we ought to do. And, what

the taskforce wound up being titled was the taskforce to address injuries and fatalities related to alcohol use. (Participant #7, AI)

A common characterization of their campus drinking culture by CSAOs was a dichotomous picture of college drinking as including low-risk drinking that was not worthy of their attention, and a smaller set of dangerously extreme behaviors that concerned them greatly.

I see students using alcohol in extremes. They either go out and have one drink and call it a night or they go out and get intoxicated to the point where...they might be getting sick or they're no longer necessarily in complete controls of themselves. (Participant #11, AI)

The extreme level of drinking that the CSAOs currently saw among students was considered much more severe than either in the CSAOs' past experience as professionals in higher education or in their own experiences as college undergraduates. The issue of dangerous and irresponsible drinking was often negatively characterized as "if you drink, you drink and get drunk, instead of it being more of a social, part of the social experience" (Participant #4, AI).

I think that my assessment is what, well, here is how I sort of illustrate for students. When I was an undergraduate back in the 60s, and the drinking age was 18, you seldom saw someone who really went out to get drunk or who passed out and had to go to the hospital, that kind of thing, that was very much the exception. And I think people looked at that person with sort of an attitude of what is wrong with you. I think what is happened now with the change in the alcohol culture

over the years is, that's almost becoming the norm. With pre-gaming and all that just drinking to get drunk. And if one doesn't participate at that level, and one doesn't occasionally pass out and so forth, they'll look at like what's wrong with you. Almost, you know, a 180 degree reversal, so that's how I would describe it.

(Participant #7, AI)

Some administrators saw irresponsible behavior with alcohol as not being bound to age, effectively nullifying the age-based drinking age arguments.

I don't think it makes that much of a difference, I really don't. You have people who are 21 on campus who cannot drink responsibly and are held responsible for their consequences. And so you have those that are 18 that perhaps can drink responsibly and you never know because they are drinking responsibly. They are discrete, they know how to handle themselves, so whether it's 18 or 21 or 38 or my age, if you are not responsible you are not responsible. (Participant #10, AI)

Another CSAO viewed the issue of concern as not just the level of drinking or the alcohol-related consequences that students experienced, but also as the centrality that drinking played in the lives of students.

...there is a real preoccupation with drinking in the students' minds, it's really palpable, they are talking about it all the time, and they are talking about it in a kind of you know, macho way, so you know, I got so wasted last night, you know, kind of bragging about it and so, so there is this whole sort of cultural sort of framework or set of ideas around the alcohol that really have to do with students identity. (Participant #6, Non-AI)

As CSAOs defined dangerous and irresponsible drinking as their primary focus, the MLDA fell into one of several places. The MLDA was implicated in directly contributing to the dangerous extremes displayed by students.

I think by making the age 21 it makes it such a big deal for college students. It becomes this game of how much can I drink without getting caught, and you know, there's a part of me that says if nobody can until their 18, I really think our students will have learned to handle themselves better and it wouldn't be this big, secretive activity going on, on campus. (Participant #11, AI)

However, to others, the MLDA was viewed as a helpful tool in addressing dangerous and irresponsible drinking. For instance, Participant #2 described the MLDA as a tool in his toolbox to move students toward appropriate behavior. Participant #9 believed that the educational conversations that she could have with underage drinkers were worthwhile and would be lost if the MLDA was lowered. She reflected that the point of intervention between the institution and a student about their drinking would have to shift to problem behaviors, a much more advanced point of concern.

I think one other things it does is it allows us to have conversations with students who are younger and less experienced with alcohol or, you know, less experienced with responsibility around their choices because we capture those students under 21 who have alcohol infraction. If, for instance, people were coming here and they could drink at 18, they may receive a different kind of infraction based on the extremity of their behavior. It would have to be more

extreme in order for us to have an intervention with them in a way. But I think that loss of that kind of conversation would be detrimental. (Participant #9, AI)

In direct opposition to that point, another CSAO saw the quality of educational conversations with students about their behaviors being constricted or oversimplified by the enforcement of the MLDA.

So I think that really does have an impact. I really think it forces us to change the conversation from what is good, what's healthy and what's appropriate to what's legal. And it just makes it easy for people to not have to engage with students in difficult conversations about who they want to be and where they are going in their lives. But no you violated the policy and it's, "Check this box, sign this form and off you go". (Participant #12, AI)

Participant #11 expressed frustration in being put in a position to have to explain and enforce a policy that did not make sense to her. "I have a hard time. I guess for lack of a better term justifying to the students why it's 21. It's seems to be a bit of a random age..." Since this participant had a hard time justifying the explanation for age 21, it lessened her authority in educating students. She wondered if the time and energy spent on enforcing underage drinking would be better spent on addressing problem drinkers.

..the energy we take right now in dealing with underage drinking could be diverted into educating our students so that when they do drink they're safe and I think it would keep it out of hiding and put it out in the open so that we can show that students are safe, because right now your underage students are forced to do

it in hiding...I think that there are more important things to be worrying about than whether a 19 year old has a beer or not. (Participant #11, AI)

It is notable how many of the AI Presidential Statement discourses are used by Participant #11 as she discussed her frustrations, including the discourses related to hidden danger, rites of adulthood and effective education. She was among a number of CSAOs in this study who felt that having to enforce the MLDA was a nuisance policy. The MLDA forced campuses to promote and enforce a broader ban on alcohol than was their actual concern, in essence wasting time and energy that could be used elsewhere. “Were the drinking age 18, we could focus on the abuse of alcohol rather than alcohol use per se” (Participant #6, Non-AI).

All of the participating CSAOs identified dangerous and irresponsible drinking as their primary concern. Although each of them expressed a belief that drinking on college campuses could not be eliminated, several still saw all drinking as having a negative consequence on the educational mission.

I’m a voice crying in the wilderness. I’m not a teetotaler, I drink now and then but I’m certainly, in college I drank more than I do now, a lot more but over the years I’ve seen the effects of it and got to the point that it just gets in the way of education and if something is getting in the way of students developing, why would we promote it? (Participant #13, Non-AI)

Theme 1 illustrated that CSAOs viewed their campus alcohol problem as dangerous and irresponsible drinking, not underage drinking. Thus, the solution to this problem for many was promoting safe and responsible use and eliminating the harm of

dangerous and irresponsible drinking. Given this viewpoint the MLDA was positioned several ways by the CSAOs: (a) an obstacle to their goal, (b) a tool to achieving their educational goals, or (c) a nuisance policy.

Theme 2: Educating Students into Right Action. A common theme shared by all 16 of the CSAOs was that educating students about alcohol would improve their campus environment. For education professionals, it is a core belief that student learning will shape and guide behavior. In contrast, the five tenets of environmental management of alcohol in higher education do not include educating students and the NIAAA report placed education-only programs as a Tier 4 intervention, citing evidence of ineffectiveness (DeJong et al., 1998; NIAAA, 2002). When asked about how they addressed alcohol issues on campus, each CSAO cited alcohol education among their approaches. Many cited a focus on educational concepts of how to use alcohol safely.

Well I think the big picture is always education and as hokie as that sounds, I think you have to approach it through an educational concept and manner. We teach our students how to drive. We help them with walking. But one of the things we never really talk about is we always say, “Well don’t do.” But what about if we say, “How do you do.” And so if you are going to use, how do you use reasonably, responsibly and how do you know what is reasonable and responsible for yourself. So I think education is part of that. And that starts long before college of course. I think that’s the big picture view. (Participant #10, AI)

Several CSAOs couched their explanation of educational efforts within broader messages of campus safety and community standards.

...part of what I see is our responsibility as to educate them and making safe and responsible choices for them as individuals and for them as members of the community, and to realize that their choices have ramifications at time and sometimes they are personal at times, you know, sometimes those ramifications are more extreme depending on the behavior that they exhibited. And that part of what our responsibility is to help educate them on making good choices for themselves. (Participant #9, AI)

For me it really comes down to an issue of safety on campus. Clearly, we do not want to be a safe haven from the law. But I think we work very hard with our local law enforcement to provide a balance on campus and we really strive to make sure that students are being safe. They're going to make the choices they're going to make...but educating them, whether it's prior to an incident or in response to an incident, educating them about the impacts of types of incidents they have on their college career and their career choices after they leave college...so I would say education and safety are two things that...I take pretty seriously. (Participant #11, AI)

Just as cited in the AI presidential statement, a number of CSAOs believed that the MLDA was an impediment to effective education efforts.

I truly believe...that it would make life easier in a sense that we could treat every student the same and we could educate every student that same about the issue because right now how we educate and how we treat a 19 year old in regards to alcohol and how we educate and treat a 21 year old in regards to alcohol are two

very different things.... and I think that if the drinking age were 18, it would really open up a wide variety of opportunities for us to treat our students—treat the issue the same with all of our students. I think we would have a better handle on it. I think students might have a healthier respect for alcohol if it wasn't such a big deal. (Participant #11, AI)

You just can't really teach responsible use when you are not legally allowed to use. Like, imagine if you will in three years, when you are 21 years old, here is what you can do. But until then, don't do it because it's just not good for and it's a bad idea. (Participant #8, Non-AI)

The MLDA was also positioned as interfering in a major educational goal of the CSAOs and their institutions, which is the ethical development of undergraduates. Participant #11 addressed the ethical dilemmas that students face: "I also think that it puts our of-age students in a very interesting predicament right now that whether they intend to or not, they are often times providing alcohol to minors." Other CSAOs addressed the ethical dilemmas the MLDA creates for student affairs practitioners.

Well I think that having the legal age 21 obviously complicates life for Deans of Students, and the reason is that at least at a place like [this institution] there is like underage drinking going on all the time and so we are to a degree, we are complicit in allowing students to break the law and that is, you know, not a good position for a Dean of Students to be in. I don't mean legally but, just in terms of their symbolic image on campus that we run the risk of seeming to be contradictory and not having the best you know, students best interests in heart

and in mind and so I think that it complicates things. Were the drinking age 18, we could focus on the abuse of alcohol rather than alcohol use per se. And I know that some schools have, tried to adopt that approach anyway and, you know, I would be open to that I think but, it just puts you in an awkward position.

(Participant #6, Non-AI)

It set them up to lie to me, and their parents don't care, and the parents may be providing them alcohol in the home or maybe the parents may be telling them about when they were in college, and so this teaching of hypocrisy is okay.

(Participant #8, Non-AI)

When the focus of a CSAO was on the educational efforts that encouraged and even trained students to make safe and responsible decisions, then the use of the campus conduct system was reserved for students who failed to learn from the institutional messages. The need to use the campus conduct system in this viewpoint was regrettable for both the student and the CSAO.

And I think that's what we try and do is, in all aspects of the student, is look at how we can educate and be more proactive first and then bring it if we have to, to the consequences of behavior. (Participant #10, AI)

...the first approach always is "learn from this." If we don't think they want to learn from this, we use the conduct process to get their attention... We had one who we were so convinced was not willing to learn from the process or not willing to live within our boundaries that she was asked to leave. (Participant #16, Non-AI)

The second quote (Participant #16) invokes a conceptual idea expressed by several of the CSAOs that student learning about alcohol abuse includes both direct learning from educational messages and experiential learning. This experiential learning occurred either by learning from alcohol-related consequences or involvement in the campus conduct system. Participants described campus conduct systems that included several chances to learn through experience that end in the most regrettable consequence, separation from the educational experience itself. Campus conduct itself has a distinct discourse of “educational rather than punitive” that was evidenced by the CSAOs’ speech about disciplinary consequences.

Yes. I hope that all veteran colleagues in student development announce that their conduct process is educational rather than punitive. Now I was trained and I believe that’s how we provide training nationwide for student development practitioners in that you aren’t in a court of law and as a result you simply trying to make sure that the students learn from their misbehavior that they have an acknowledgement of consequences and that these consequence cause them to change behavior so that the violation does not occur again. With alcohol, I believe that on this campus, we find that students recognize after they have been in the conduct process the first time, we think that they continue to drink, they just do it more privately and more intelligently. (Participant #15, AI)

CSAOs were dedicated to making sure that their conduct system and policies were not seen as punitive, but rather as dedicated to the safety of students. One way in

which that message was achieved was through policies that reduce barriers to seeking help.

I think that the education and the enforcement and then just having some basic policy kinds of things that help to guide our actions. We instituted a good friend policy a couple of years ago where by students could report on themselves or other students who were at risk of alcohol poisoning and even we're their drinking they would not be held as responsible, certainly not on the sanction side as they would be if they were just brought up for that violation by itself. If they're reporting on somebody to try to help them to get to the hospital or they're in danger, and I think just doing that showed our students that we cared about them and this wasn't a punitive approach. It was a helpful approach. (Participant #13, Non-AI)

Theme 2 explored how, possibly in the face of contradictory evidence, CSAOs believed that students could be educated into right action about alcohol. The MLDA was viewed as an impediment to this educational goal. Also, negotiating how to achieve this educational goal with the age 21 MLDA appeared to be a hindrance to another core educational goal, the ethical development of undergraduates. Given the CSAOs' belief that students could be educated into responsible alcohol use, use of the campus conduct system was positioned as a regrettable act reserved for those students who failed to learn the institutional educational messages around alcohol abuse. Even the conduct system itself was designed to be educational and developmental. Given these positions by the

CSAOs, enforcement of the MLDA could be negatively viewed by this population as both arbitrary and punitive.

Theme 3: CSAOs Balance Strictness & Leniency. In describing how they addressed alcohol abuse on campus, CSAOs often cited trying to achieve a balance between being too punitive and being too strict. Often this was expressed as a balance between education and enforcement, such as “I think we are constantly trying to kind of find the right balance of our education and enforcement that makes sense” (Participant #5, Non-AI).

One way of negotiating the frustration of the MLDA was to declare which specific types of behavior the institution would be addressing.

... it's not a dry campus and our philosophy for a while has been to take responsibility/attack abuse where, if you violate the law, you violate law and you have to be responsible for that. But we focus our both punitive and proactive measures on the abusive behaviors. Whether it's being abusive to yourself and getting yourself sick, being damaging to buildings, damaging to others, causing disruption to the environment. We really focus on when alcohol becomes abusive. Whether you are over 21 or under 21 it doesn't matter. The abusive behavior is what we are addressed. (Participant #12, Non-AI)

Enforcement of alcohol policies were described as an integral part of the alcohol abuse prevention efforts of many of the CSAOs.

Well I think we approach it from several angles. We believe in alcohol and other drug education but I would say that I believe that enforcement is particularly important in dealing with this. (Participant #14, Non-AI)

However, overzealous enforcement invoked the specter of putting help beyond the grasp of students who are in danger from alcohol overdoses.

And I absolutely believe, as I said before, that if you come down on the drinking culture, under aged drinking shall I say more pointedly, if you come down on that in a hard way in enforcement, you are going to drive the most dangerous kind of drinking underground and put yourself at the greatest risk or tragedy. I absolutely believe. (Participant #5, Non-AI)

A common response to the issue of alcohol overdose was to create policies and practices to try to avert alcohol-related medical incidents, such as medical amnesty policies or respite centers for overly intoxicated students.

One of the things that is different here is students will not hesitate to call our campus security folks for any reason when they are concerned about the health and well being of a student. So we have a relationship that exists and, you know, it's tricky because if, you know, you have people say, "Wait a minute. Security should be enforcing the law," well, you know college policy and, you know, you don't want to have an enabling culture where security officers are somehow turning a blind eye to the fact that, you know, 75% of students are choosing to drink under aged. So it is finding that balancing act. (Participant #5, Non-AI)

With alcohol cases, if someone is really drunk, public safety will call EMS over or an RA will call EMS and they will come over and do an assessment that and if they think that they are fairly drunk, but they don't need to go to the hospital, they will take them over to the Respite Center. The Respite Center is staffed by a certified EMT and we pay them an hourly rate, and they would monitor the students. (Participant #8, Non-AI)

There was even a belief expressed by a few private institutions that overzealous enforcement of the MLDA could have a negative effect on retention.

We have concluded that we will not change contemporary teenage American behavior by being heavy handed and in addition at the risk of digressing I would say we have more than anecdotally concluded there's some statistical research that would confirm that in a small liberal arts college, you become too zealous and you will create an attrition issue that no one wants to fight. (Participant #15, AI)

Another theme of the consequences of overzealous enforcement is interference with preparation for adulthood after college and the career world. One CSAO from an institution with a large focus on practical majors reflected on this issue:

Alcohol is a huge issue for the institution, but at the same time we are a very real world focus. So our majors are all practical. We have strong liberal arts course work but we don't have too many majors. So lots of internships, those kinds of things. So we don't create policies that don't help students prepare themselves to live in a world outside of our walls. So we really want to be clear that we are helping you learn how to live within confines of the law that exist both here and

outside. So in some ways our policies are a little more liberal around alcohol.

(Participant #12, Non-AI)

Perhaps nowhere was the theme of balancing strictness and leniency more pronounced than among CSAOs whose presidents upset their efforts at balance. Several CSAOs had experiences where their presidents' failure to support them in balancing strictness and leniency had a negative effect on the student campus culture.

The first president, we were dead on. When I first came here, frankly I think the culture, in fact he had just started as well, the culture here is what I would call much more repressive and there was kind of this "well let's get them, we're going to bust somebody tonight." So I really tried to move away from that. I don't feel that "Gestapo" is the way to go, again to a more "give me reason to give your heart time and I will and if you don't give me reason then I won't" and I think the first president and I were very much on line with that.

The next president was, frankly, we didn't see eye to eye. He was much more liberal, liberal is the right word, accepting of underage drinking and drinking in general. To the point of saying if you gonna drink, put it in a red cup and you can walk around. Tell the RA's to have a student stuff a towel under the door if they're going to smoke pot in the rooms. I mean, you know, I say to the students if you want to smoke pot, go take a walk in the orchard. I don't want to know about it. There was almost an act of encouragement and you can see a very big change in that it was suddenly okay to just drink anywhere you want and it really tipped the scales in a bad direction. After he left, the interim and I were

dead on and I sense that the new president and I are going to be pretty close. I don't see a return to the free for all. My issue frankly with the former president was more related to law. Even though we not out to bust every 18-year-old, I'm certainly not going to be encouraging them. (Participant #2, AI)

Our president responded to that in ways that emboldened our students, honestly. Particularly around issues in the residence halls. If they didn't like what was going on. He has an open door policy, not that he is there a lot for that, of course, because his schedule is huge. But he does have an hour, so either those or by email, they would take the opportunity to take everything to him before even going to departments. Or me. And to try to vet those things in ways to circumvent process. And so that culture in some ways I believed exacerbated those behaviors that became prevalent over the past few years in the residence halls due to that privileged attitude. (Participant #1, AI)

Participant #1 had opposed her institution's signing of the AI. In the last year, the institution had experienced a major increase in alcohol-related negative student behavior, particularly vandalism, and the president had needed to make a series of bold statements to the student body announcing stricter policies and penalties. The CSAO did not have the authority to make the shift without his explicit involvement since he had tied himself to a more lenient approach to alcohol enforcement. Implicit within these stories was an imbalance put into place when the president involves himself in setting a tone that the CSAO themselves would traditionally set, the tone of alcohol enforcement. The CSAOs

affected by this were hindered from developing the climate the president wanted and when a problem arose, there was not a higher authority to be seen as an arbiter.

Theme 3 explored how CSAOs attempted to balance strictness and leniency. This was expressed using the word balance to characterize the intersection of education and enforcement or proactive and reactive efforts. Failure to enforce the MLDA or other policies was seen as problematic, yet overzealous enforcement was linked to serious problems like alcohol overdose tragedies or student attrition. The importance of this theme was supported by stories of the institutional consequences of presidents involving themselves in setting an overly strict or lenient tone to the campus.

Theme 4: Success to Doubt. CSAOs expressed a range of perspectives about where their campus stood in terms of alcohol abuse prevention effectiveness and their perspective on the change potential of the problems of collegiate alcohol abuse. Four CSAOs expressed that their campuses had made significant progress on the issue of alcohol abuse. None of these campuses were AI signers. Two of the CSAOs cited strong personal support for the MLDA and cited its enforcement within their strategies for success. The other two cited development and enforcement of other pragmatic alcohol policies.

Significant progress was defined by these CSAOs as reductions in rates of binge drinking, alcohol-related consequences for individuals, and secondary effects on the campus, i.e. levels of vandalism or number of alcohol citations. These measurements of the problem are heavily influenced by the public health framing of and response to college binge drinking.

I believe it can be done because we've done it and I think that has changed the culture here and we have decreased alcohol violations and we've decreased judicial violations, we've decreased dorm damage and I think it's a much healthier place now but our binge drinking rate right now is about 47% I think.

(Interviewer: That's great.) It was 63% six years ago. (Participant #13, Non-AI)

For Participant #13, enforcing college alcohol policies consistently and fairly was the major factor in shaping campus change. Although he believed that the complete elimination of underage drinking was not realistic, he cited the MLDA as a policy that assisted their efforts. The fact that the MLDA was an external mandate allowed the college to avoid taking responsibility for the negative associations with its arbitrary nature.

This is a [state] and a Federal rule and that makes it so that we can be more partners with the students and say okay this is the way it is and this is how we're going to deal with it and we're going to enforce the laws because that's what we have to do and we expect you to comply and if you don't, you're going to be held responsible. So I think actually the 21 age has helped us to actually set a goal out there that you know you ought to minimize or not drink at all and that's better than drinking a lot. (Participant #13, Non-AI)

Participant #3 engaged with state-wide partners to address underage drinking. Again, the participation in a state-wide coalition and related efforts allowed the campus to benefit from the enforcement of the MLDA without negotiating it with the student body.

Along with that we decided, actually the state put together a task force around underage drinking and they wanted to have higher education representation and I ended up being on that committee. This is actually a group appointed by the Governor at that time. We began to seriously enforce state and university regulations about underage drinking. And what this office allowed us to do was began a marketing campaign and a very strong partnership with our police. We have a full-time police department here. These are sworn police officers, not security guards on campus. And together we mapped out a program of enforcement and, at the same time, the state did. (Participant #3, Non-AI)

As their educational efforts were increased, both CSAOs made a strong effort to increase their educational efforts on campus and to increase the perception that the campus cared about the negative consequences of alcohol abuse on its students. These simultaneous efforts provided more evidence for the importance of the previous theme of balancing education and enforcement, limits and caring.

For all of the CSAOs who felt that they were making progress, success beget success. As positive outcomes were found, their efforts and enthusiasm deepened.

So, I would have to say philosophically, and I know this is not a one minute deal, enforcement of existing state, federal and university regulations, creating an office with a terrific person who, I think, relates very well to the students and staff and then very positive follow-up programs for athletes, for Greeks, as well as the regular student population. I'm talking about an educational component. But, keeping very close to the research, the interventions are geared and we've

actually, because of the success we've had in this state, we've brought in more than a million dollars worth of grant money mainly from the feds toward the department of the mental health and addiction services here in [our state], over a million dollars we've been grant funded for almost all these years, ever since I brought this person in. And so we take this very seriously. (Participant #3, Non-AI)

One of the most intriguing phenomena found in the study was a reaction to the Amethyst Initiative that received little public attention. In one New England state, a group of CSAOs chose to not sign the Amethyst Initiative and instead re-affirmed their commitment to addressing the issue of alcohol abuse on their campuses.

And some of the other issues that the Amethyst Group talks about are hard to argue in some cases. But I think as a group of Presidents and as a group of Vice Presidents of Student Affairs, we opted not to sign on to that. What we did do is we created a statewide group of college and university presidents who signed on, they did sign their own compact to do what I described to you and that is to make sure the policies are clear on the campuses, to enforce all the federal state and university laws, to keep good data, and to make sure that we had operating programs and that was a literally a pact that they all signed. There was a formal ceremony a number of years ago, one of the presidents of a private university in the state, was at the top of that, that movement. So, instead of going Amethyst, they went this other way.... (Participant #3, Non-AI)

According to Participant #3, these campus leaders developed this compact in reaction to the AI. Yet, rather than focus on countering specific arguments contained within the AI Presidential Statement, these campuses affirmed their commitment to the guidance given to campuses by the public health community such as NIAAA or the Department of Education's Higher Education Center by focusing on policies, enforcement, and assessment.

The two CSAOs who expressed strong success and commitment to enforcing the MLDA had several things in common: over 30 years in the field, concern over the medical consequences of underage drinking, fatigue at the persistence of alcohol-related consequences on their campus, and a lack of concern over negative student reactions to alcohol policy enforcement.

Several CSAOs were engaged in community partnerships or coalitions in addressing underage drinking and alcohol abuse. Community partnerships are also a focus of the public health community and federal agencies. All of the CSAOs engaged with the community expressed being comfortable in the enforcement of the MLDA.

We also set up a public safety meeting which meets monthly between the town manager, our VP for external affairs, and myself and both the police chief and the town fire chief and occasionally some others come to the meeting and we talk about what's been going on and some of this involves discussions about landlords in the town who are not meeting codes, and who are housing our students off-campus and who are having problems of behavior and so forth, not all about behavior but that's a good significant part of it. So we really got very active in

our collaborations with the town over issues of certain kinds of student behaviors off-campus. These are really the ones that, usually alcohol is involved.

(Participant #14, Non-AI)

Two other CSAOs expressed making campus progress on alcohol abuse under their leadership. Participant #5 was committed to measurement of alcohol use and abuse on his campus, the use of a strategic plan, and the development of policies that addressed dangerous and irresponsible drinking. He cited policies of no drinking games, no hard alcohol on campus, and elaborate party registration processes as crucial to their success. Participant #5 used the other small New England colleges in his athletic conference as his peer group and engaged regularly with his fellow CSAOs to compare strategies and outcomes. Participant #6 cited a pragmatic approach as he guided his campus into embracing the value of addressing alcohol abuse. He slowly developed professional structure to residence life and fraternity and sorority life and also implemented party registration and safety procedures for the campus.

Participant #5 and #6 both believed that the CSAO could not affect campus change without the support of the student population, particularly student leaders. They worked through persuasion to attempt to guide students in changing the campus culture and set up structures to avoid the most extreme alcohol-related consequences.

I really think that the only way that we can change the culture at [this institution] is to have student leaders, you know, basically announcing that they think that this is silly and so I am working on the Greeks especially, because the Greeks are sort of associated with the drinking scene. If the Greeks all took principled positions

on drinking responsibly, it would have a huge effect on the rest of the campus and so I have been working, I am trying to get them to understand that and trying to get them to take a lead with it that's a tall order. (Participant #6, Non-AI)

Participant #5 and Participant #6 measured the outcome of lack of high-profile incidents, such as alcohol overdose transports, as opposed to the public health influenced outcomes that other campuses used. Both personally believed that an age 18 MLDA was the most appropriate long-term solution, even though their presidents had not signed the AI.

While some CSAOs were expressing the positive outcomes of their efforts, other CSAOs expressed doubt that campuses were actually making any progress on alcohol issues.

At the risk of, at the risk of sounding like a curmudgeon, I would say that I am in that group that wants us to review whether or not we need to continue to put in as much money time and effort in to try to staff and put resources into something like alcohol prevention. I don't know, after 29 years in this business, I have not had a single institution tell me that they have seen any noticeable impact in those areas....we are scoring political points, by telling parents and others that we have got these professional invested in education because we believe it will change behavior. I am not convinced in all that it is happening. (Participant #15, AI)

Participant #15 was from an AI campus that was not investing tremendous resources in alcohol abuse prevention. However, Participant #14 was a CSAO from an

institution that had invested tremendous effort in alcohol abuse prevention and community partnerships for over 10 years.

I will tell you that I am ambivalent at best about whether that really makes a difference and I don't think we have any reliable way to assess what the outcomes of that have been independent from other things that we have done and one of the things I live in fear of is what more can we do when the next tragedy happens.

(Participant #14, Non-AI)

The researcher pressed further in response to this comment about the root of Participant #14's doubt.

Fatigue and skepticism about the efficacy of what we are doing. Yeah, I think it's pretty hard not to have some skepticism but because of the negative impact of it and all of the research on this is very strong; it's not something that we can ever ignore. So if you're asking would my pessimism and fatigue caused me to ever give up and back down and just let it all happen? Absolutely not, no way you can't. You can't politically and you can't from an educational philosophy viewpoint either but politically you know tragedies will happen eventually even if you're doing everything right and you have to be positioned to say we did this in good faith, we took the following steps in good faith and they don't always carry the day. (Participant #14, Non-AI)

Participant #8 had a dedicated staff member who implemented all of the best practices, but the CSAO was skeptical at their lack of results. He is hoping his staff will also try some new approaches that could make an impact.

He did all the best practices, so we have the letters going out when you are 21, all of the appropriate policies, we had the education programs, you know, everything was out there, everything we did was best practices, and we did alcohol.edu as well, but everything we were doing was pretty much a clinical approach to the people who had been in trouble. With the idea that it's about behavior, risk management, education, alternative programming, sanctioning, you know, facilities, working with alumni, you know, the whole thing culturally and intellectually as a part of the campus.... We've tried to come up with something that actually does make an impact, have an impact and be creative, and gave me a license to do something new, that we're trying to, that we're staying with the best practices as "just in case." Like the atheist who goes to church, just in case.

(Participant #8, Non-AI)

Theme 4 revealed that the CSAOs in this study existed on a continuum that ranged from sustaining and increasing progress on addressing alcohol abuse to sincere doubt that the problem can be effectively addressed. A quarter of the participating CSAOs cited measureable progress on alcohol abuse prevention. Two CSAOs specifically cited and used the MLDA to achieve these results while two others used other alcohol control policies. Meanwhile, several other CSAOs expressed sincere doubt that colleges could make significant progress in addressing alcohol abuse. This doubt was expressed by both a CSAO at an AI campus not devoting tremendous effort and several CSAOs at non-AI campuses fatigued at the lack of progress despite sustained efforts at best practices.

Theme 5: Unclear about MLDA Effect. The CSAOs who participated in this study did not show consensus as a group about the effectiveness of the MLDA. Their beliefs ranged from embracing the statistics from public health agencies on the effectiveness of the MLDA to embracing the arguments found in the AI Presidential Statement to basing their opinion of their remembrance of having been in college during a period of age 18 MLDA.

A number of CSAOs expressed some variation of a belief that lowering the MLDA would not affect their campus because students were not held to or beholden to its influence. One primary reason that CSAOs were unclear about the effectiveness of the MLDA on college campuses was recognition of not knowing how many students already arrive on campus with experience in drinking.

Well, on a personal level, I was not one who objected to lowering the drinking age. Honestly, at the age of 18, we say you are an adult, we take you into the military, we let you drive vehicles and all of those things. And I have always been a believer, long before I came here, that the decision to drink, to drink to excess, or not to drink is being made at earlier and earlier ages. I know that the news around here has been full of middle school students and drinking problems and younger high school students with drinking problems. The image that you go off to college and discover alcohol ceased to exist in the 1960s or 1970s. And I...so, personally, I don't think the age makes a difference in the decision process or in the overall behavior process for a college campus. (Participant #16, Non-AI)

Certainly the day it happened I would have extra staff and extra public safety staff. I think that after the initial wow, I can do this easily now, I don't think much would change. Because, as I say to the parents when we have orientation, I think the majority of students who come here who drink have already been drinking. (Participant #2, AI)

Proponents and opponents of the age 21 MLDA both cited historical examples that supported their positions. Several CSAOs perceived that the age of alcohol abuse initiation is now lower and several cited the higher MLDA as a primary cause.

And if you look at the way I look at the research that's being done, the age in which people, young people are beginning to drink with a 21 year old law is now lower than it was when it was with an 18 year old law. So I think it's really having the opposite effect from what people intended or desired. (Participant #6, Non-AI)

I think by making the age 21 it makes it such a big deal for college students. It becomes this game of how much can I drink without getting caught, and you know, there's a part of me that says if nobody can until they're 18, I really think our students will have learned to handle themselves better and it wouldn't be this big, secretive activity going on, on campus. (Participant #11, AI)

Prohibition was a historical event that was cited in the AI Presidential Statement as a failure to control alcohol use through policy. However, not all higher education officials concur with that portrayal of Prohibition.

Yeah. Well as you can tell, I'm opposed to lowering the drinking age. I think if we look at a lot of what people say in favor of the lowering is that prohibition didn't work but as I read the research, prohibition did work. Did it eliminate alcohol use and misuse? No. But we know that after prohibition was ended alcohol use skyrocketed and why wouldn't we think the same thing would happen, why would we not think that a current 19 year old who can't drink legally, if he could drink legally wouldn't take advantage of that. (Participant #13, Non-AI)

All of the CSAOs in this study attended college prior to the enactment of the federal MLDA (1984). The fact that the drinking age was age 18 while they were college students was an influential factor on the opinions of many of the CSAOs. A number of CSAOs told stories of a lower risk time on campuses for alcohol abuse and gave examples of appropriate role modeling of alcohol use that they experienced with campus administrators during their college career.

I was a work study and if the staff in that office went to happy hour on Friday and if you're working with them and legal age, you could go with them. So drinking was not something we did behind closed doors. It wasn't something you did... you know, as many shots you could do before you went to a party. We would go on Friday afternoon and there was a raw bar and they might thank you for working that week and buy you a couple shrimp or whatever you wanted and a beer and you might stay for 45 minutes and then off you went or off they went. I feel like, as I look at some of what our students experience, it's a very different...

it was more about the social engagement than it was about choosing to get intoxicated. (Participant #12, Non-AI)

I think as far as the drinking age goes I do think especially for some of the people who are my age who went to college in the '70s and who were at places, that they did allow alcohol, I think we kind of see the pros and cons of that experience.

Sometimes I would like to see that more allowed on campuses so that it could be more of an educational experience for students as opposed to this kind of taboo that they not supposed to touch till they are the end of their junior year or senior year. (Participant #6, Non-AI)

Despite their own experiences, there was skepticism among several of the CSAOs that students would use more responsibly if the MLDA was set at age 18.

So, you know, I think though at [this institution], I would be reluctant to just sort of if the legal age turned 18, I don't know what would happen, you know, we might have much more drinking than we currently have, I don't know, and so that's the part that I feel a little bit skeptical of these proponents, you know, that argue that well, you know, now we have dangerous drinking, if the drinking age were 18, we would have responsible drinking. (Participant #6, Non-AI)

...you know, of course the Amethyst initiative people would say, now, that's precisely why they are doing it, you know, is get the drinking under control, but, because I don't accept some of their premises, I don't really think that it would help a whole lot. (Participant #1, AI)

An often-cited benefit of an age 18 MLDA was believed to be that some students would be taught responsible drinking at home.

Because suddenly, you know, lot of people who are waiting to be 21 and all that would probably engage in some high risk drinking in a hurry. But I think you would have to get over that hurdle. And I think with some time we would roll back to the culture that we used to have, where people would learn how to drink responsibly at home. (Participant #7, AI)

I think that's a much better place to learn how to drink responsibly, you know, because you are in your residence, your parents are your role model hopefully of how to do it, you know, responsibly. Whereas if you never learn that and you come away to college and you suddenly have all the freedoms, and no one has ever taught you how to drink responsibly, it sort of becomes the thing to get away with, to sneak it, too binge it. (Participant #6, Non-AI)

It is a curious belief that if the drinking age was 18 students would learn responsible drinking at home. Most high school students turn 18 sometime during their senior year of high school; some students do not turn 18 until they are on a college campus. Although these CSAOs may believe that this short period of being 18 is enough to learn responsible behavior, it is more likely that they are evoking another argument common within the MLDA debate. This argument is the belief that cultures that allow teens to drink have fewer problems with adolescent alcohol abuse; European cultures are most often cited in this argument.

Some CSAOs believed that although most students chose to drink despite being underage, the MLDA is effective in preventing some drinking or helping student choose to set limits on their drinking behavior.

If we remove that, we probably would get a lot more students who would slip into the well, that peer pressure to get involved. They're already doing that but I think it would be much more of it. I think we're seeing right now students refuse to drink or drink very moderately because they know the health risks that are involved, the safety risks that are involved and the legal risks involved and you know they could use those legal risks as something to add to those others and make a pretty compelling case for no I don't want to drink or if I do drink it's going to be very little. (Participant #13, Non-AI)

So, for me there is a difference in maturity between 18 and 21. And I struggle, the Amethyst philosophy is the 21 age drinking age creating more of a problem for us, I don't have a good answer to that. But, I do worry about thousands and thousands of 18 year olds who are only driving maybe for a year. They don't even have that much driving experience, giving them the right to drink and lowering the...I worry about that. (Participant #3, Non-AI)

Although a number of CSAOs cited enforcement of the MLDA as a waste of time and energy, one CSAO would anticipate having to spend even more energy and resources on alcohol-related problems with an age 18 MLDA. Interestingly, this participant was one of two who had been in the CSAO role when the MLDA was 18.

Part of the question is how many resources are we willing to, in a time where resources are really scarce, how much are we willing to spend to do that sort of thing and if you do can you effectively bleed off any of the student motivation to get drunk and break things and you know party hearty... all that stuff. I'm frankly skeptical about that I think you can have a certain amount of regulated drinking if the law allows it but it's not going to keep them from going to the apartment with their friends and getting blotto. It's going to happen anyway and we would still have to deal with the student conduct issues and the collaboration with the town and so on and so forth because the negative effects are contrary to the interest of education, affects students ability to learn if they drink too much, and it hurts other students ability to learn if their roommates are drinking too much and coming back late and waking them up and barfing in a room and all of the other disruptions that go with that.

I actually worked at the other institution for a while when the drinking age was 18 and in those days we felt like we had to do well-regulated alcohol events on campus, the idea being that they're going to get it somewhere it would be better if we provided the appropriate controls and made sure that there were alcohol free beverages and food there and so on. That took a lot of staff time to do and my experience of it was you can't prevent, with all the controls, you can't prevent a few people from getting stinking drunk and then you have some fallout from that. (Participant #14, Non-AI)

Two of the CSAOs embraced research findings that alcohol use prior to age 25 can damage the brain.

I just think at 18, you are not able to adequately judge, especially when you start drinking, especially in a peer environment, where acceptance is so critical. Plus, I think there is some research to suggest that the brain is still in formation at that age. And then I think physiologically we could be opening up a lot of the young people to physical damage if suddenly we say they can drink as much as they want at 18 instead of 21. I think, there is some, it's not conclusive, but, some of the research does point to damage that's done with excessive drinking.

(Participant #3, Non-AI)

Several expressed statistics used outside of higher education to prove the effectiveness of the policy.

It's not going to be fixed by everyone being able to drink at 18. It's not going to be. It's not going to go away. I'd love to be convinced of that. When in fact I think that the woman from Mothers against Drunk Driving at the same time as Dr. McCardell had very, very convincing evidence that under 18 has the most accident that have maimed or killed the most people. (Participant #1, AI)

Like many U.S. citizens, some CSAOs doubted the statistics about the effectiveness of the MLDA.

So that's the piece that surprises me the most, even nationally. I mean you can use data to show you whatever you want on either side but there was certainly some interesting data that came out as a result of this study and again I think it's the old

question. You think you can serve in the military, you can get married, you can do everything else you want at 18 but you can't have a beer and so I'm surprised that it hasn't frankly had more momentum. (Participant #2, AI)

Several CSAOs tied their current reflection on whether the MLDA is effective to overall cultural changes in adolescence and adulthood.

I think if the drinking age were lowered, we would probably have greater numbers of, I think greater numbers of issues and problems related to drinking on the campus even though it would be okay. I think it would be perceived by this generation of students as yet another capitulation, another form of entitlement. See I have this whole theory that this millennial generation really does think they are entitled to everything they want and they want it now.

It's kind of instant gratification to a level that frankly I have never seen in my life. And I think lowering the drinking age would be seen as yet another opportunity to just party on at an earlier age. And I think it would create, on the negative side, I think it would create a lot of problems for us, because I don't still think 18-year-olds having the maturity or the wherewithal to manage this drinking issue. (Participant #3, Non-AI)

Right well, see I suspect that the attitude towards alcohol among [this institution's] students is really a broader attitude towards alcohol in the country at large and, you know, the sex appeal of drinking is promulgated on television and I am sure in their parent's culture, so there is a real preoccupation with drinking in the student's minds. It's really palpable, they are talking about it all the time, and

they are talking about it in a kind of you know, macho way, so you know, I got so wasted last night, you know, kind of bragging about it and so, so there is this whole sort of cultural sort of framework or set of ideas around alcohol that really have to do with students identity. (Participant #6, Non-AI)

As a group, the participating CSAOs displayed little consensus about the effect of the MLDA and thus little consensus about the possible effect of lowering the MLDA. The arguments against the MLDA used in the AI were in evidence, along with a belief that with a lower MLDA, students would arrive on campus having been taught to drink responsibly in their home environment. On the other hand, there was a group of CSAOs who believed that lowering the MLDA would have little effect, after an initial celebratory period, since the law has little effect on students today. Lastly, there was a group who believed that lowering the drinking age would have a negative effect on young people and have a negative effect on the campus environment.

Theme 6: MLDA Contrary to Some Elements of CSAO Role. The CSAO role is a complex position with a number of key relationships. In his key monograph about CSAOs, Sandeen (1991) described the role as leader, manager, mediator, and educator. The Chief Student Affairs Officer (CSAO) is a key member of the institutional leadership team and the leading institutional expert on student development (Brown, 1997; Sandeen, 1991; Sandeen & Barr, 2006). Evidence of the negotiation of these roles was found in the results of this research study.

The enforcement of the MLDA was seen as an impediment to building a positive relationship with the student body, invoking the CSAO role as the student's advocate and

mentor. CSAOs were concerned about how students censored their comments in front of them, how the time and message of conduct based simply on MLDA violations detracted from their relationships with students, and even how the MLDA prohibited social contact with students where adults could model responsible use of alcohol.

It would not easily be done. Even though I think the end result would be, would be very good. So, I think the irresponsible misuse and abuse of alcohol, it does interfere so much in our ability to work positively with students. Because it takes so much time in our student conduct system, because it says that it is most common, some kind of alcohol offense whether it's simple possession underage, you know, drinking in the public area, the residence halls or drinking in public, drunk in public, urinating in public, all that kind of thing. So, you just think of the number of hours that are devoted to having to deal with the aftermath and thinking of how much more positively those hours could be devoted. And I think that's the sad part. (Participant #6, Non-AI)

One CSAO expressed frustration with how students censor themselves in conversations with him about all alcohol-related issues because of the MLDA.

When I'm on campus alcohol is such a taboo. As the senior student affairs officer, everybody knows that they have got to be afraid of it. Even in conversations you are talking to a senior you're like, "Oh you're 21 it's fine". So I think that really does have an impact. (Participant #12, Non-AI)

A number of CSAOs cited the value of adult role modeling of responsible alcohol use in teaching young people to drink responsibly. This included both learning to drink at

home and seeing responsible use within the higher education environment. “You could even envision responsible adults modeling responsible behavior for younger students and sort of introducing them to the culture of alcohol and drinking” (Participant #5, Non-AI).

Several CSAOs cited their own experiences of seeing responsible alcohol use by adult administrators during their undergraduate careers. However, at least one person acknowledged that the student alcohol culture had changed so much that students probably could not behave responsibly in such a setting today.

Students never quite learn how to drink responsibly. When I went off to college I was already 18, I was already legal, like I had been drinking some at home, it was no big deal. We used, in my fraternity when I was an undergraduate, we had the Deans and Vice Presidents over once a month, I think that’s the first Friday of every month for a wine and cheese social at our house which was a great event and nobody really got drunk everybody sips a little wine and had a great time, you know, you couldn’t even do that now, number one, because the majority of the people in the fraternity would not be 21, and I think more importantly because most of the people would have never learned how to drink responsibly and the thing would get out of control or it would be embarrassing. (Participant #6, Non-AI)

One CSAO, who opposed the age 21 MLDA, referenced ways that he used his opinion about the MLDA within his daily work. Although he used his opinion sparingly to avoid alienating certain students, he cited several ways that he used his views with students and families.

We always did with the judicial board, “What do you think of the drinking age? It’s something we have to enforce.” I would be in favor of lowering the drinking age. I say that, like it’s okay. Like I still have to enforce the law. So I’m not going to change that because of what I think the law should be. I typically don’t... I certainly would if I was having a one on one conversation with a parent might talk about it. But you know, I think it’s helpful, especially when you are talking to students about policies and those kinds of things to help them really think about what their beliefs are and why they have those beliefs. So I think it’s helpful to share with some of the students that I do... I also try not to be too political on other issues because I don’t want to foreclose myself off so students are like, “Well he’s got this opinion or that opinion.” (Participant #12, Non-AI)

CSAOs were concerned with creating experiences that address a wide variety of student development areas, which can also intersect with the MLDA. One previously discussed area was the ethical development of students. Another area was the beneficial aspects of building and being a member of a community. When asked to tell a story about an alcohol-related incident, one CSAO related a story where a large chunk of their orientation leader group had been caught throwing a party between sessions. The CSAO resisted the reaction of staff to fire these student leaders for this policy violation, as he reflected on how the party reflected some of the values that the professionals had aimed to infuse in the team.

We had tried to build a culture with them of being well connected with each other, relying on each other, and celebratory of the community that they had in that

sometimes people in the community celebrate with alcohol. And they did and they are young and they went a little beyond what they should have done and disappointed us.... (Participant #12, Non-AI)

CSAOs often viewed their roles as contributing to the total development of the student as they transition into adulthood. The varying cultural messages about what age a young person is considered an adult could be perceived as a hindrance to their development. One CSAO who had hoped and attempted to get his campus engaged in the AI discussion felt that there were larger issues of adulthood at stake.

We can't have it both ways. We can't say to a student, "You're 18 so you are now responsible for your actions and we are going to kick you out school because you violated this policy and you're an adult". And then, "And parents, you are not... we're not going to tell you what we're doing because, clearly they're an adult". And then turn around and say, "Oh well we agree they are not quite adults when it comes to alcohol". I think we're in a very interesting time of redefining the age of adulthood. And I worry that perhaps if colleges and universities, want to keep it at 18 we missed an opportunity to make that case in a broader context not just with, around alcohol policy. (Participant #12, Non-AI)

Not every CSAO was concerned that the MLDA was a hindrance to their role of being an advocate and mentor to students. The CSAOs who were the strongest advocates for the age 21 MLDA displayed a higher level of what the researcher characterized as psychological distance in their speech about students. Their speech rarely used examples about students and drinking that were sympathetic to individual circumstances or

highlighted a student's individual merits. This finding was seen most strongly when the CSAOs were asked to describe an alcohol-related incident. Participant #3, a state leader in underage drinking prevention, described a policy dilemma as his story:

The story I would relate is what to do when the 21 or older student is drinking and they have an underage girlfriend or group of friends that are there and we go in and we find that there is drinking going on and we get into what we call the social hosting law, which is fairly new to [this NE state] where if you are over 21 and you are serving or perceived to be serving liquor to underage students or underage anybody you'd get into serious trouble. And that's been a dilemma for us.

Other CSAOs who supported the current age-21 MLDA spoke about community-level and policy-level response in response to the request for an alcohol-related story. Participant #14 spoke about the development of campus and community administrative responses to several high publicity incidents. Participant #13 spoke about the level of alcohol incidents and their impact of staff time and energy prior to successful change efforts. These responses were in contrast to more sympathetic descriptions of student incidents expressed by several AI CSAOs.

I would say probably the one that sticks out the most is...a physical altercation that occurred while two students were intoxicated and they were definitely students that on a normal day you probably would not pick out to be the type of student to engage in that type of activity, but given the alcohol and the environment that the alcohol was being served in, I think...there's maybe some...what's the phrase I'm looking for? Just the sense that they need to prove

that...their macho-ness, their level of macho-ness...and so it led to a physical altercation. (Participant #11, AI)

...an upper-class student was documented passing alcohol through a window to two underage students and was seen by campus safety. And it was written up and it was someone who had, who was fairly well known on on-campus. And so I met with that student who had some disciplinary history around alcohol, nothing very egregious but kind of consistent and he went through the disciplinary process and ended up receiving disciplinary probation and also a fine, and the reason I bring it up is because it was actually really valuable, for him, I think to be, to go to that process and be challenged to think about his behavior and implications of it. (Participant #9, AI)

It is noticeable in these two stories that the roles of the students in the campus community and their character when not drinking were highlighted. The positive outcome for the student in the disciplinary process in the second story was a reflection on the effect of his behavior on the community. While one might assume that distance from students would be related to the size of the institutions, this was not consistently found to be the case. What was found consistently was that in order for CSAOs to embrace the enforcement of a law that many considered arbitrary, there had to be less focus on the individual development of students when responding to alcohol-related issues.

While some CSAOs were concerned with how the MLDA negatively affected their role as advocate and mentor to students, they were simultaneously negotiating the impact of their opinions on other key roles and relationships. CSAOs were mindful of the

possible consequences of publicly expressing certain opinions about the MLDA. Some CSAOs were aware of the strong public opinion in favor of the MLDA.

I think that's a sad commentary, you know, about where we are at. And I wish that we could return to the days of people learning to drink responsibly at home. I think changing the drinking age back to 18 as much as I think it would be a darn good thing to do. I'm afraid it's sort of like being against motherhood and apple pie. (Participant #6, Non-AI)

One CSAO who was in favor of keeping the age 21 MLDA was concerned that her opinion could be construed as not supporting young people in the military.

I'm concerned about it but at the same time I definitely don't want to disenfranchise the young men and women in the service who have so much to preserve our freedoms, but then get home and not be able to go to a bar or have a beer or whatever. I am sincere about that. (Participant #1, AI)

CSAOs were aware of specific groups that might express anger at an institution for signing the AI and might view it as a capitulation to student alcohol abuse.

You can face ire of that small percentage of parents and or law enforcement officers and or alcohol temperance advocates, who would say that you are doing nothing to combat the problem in America. (Participant #15, AI)

When considering policy stakeholders, no CSAO identified parents as allies in enforcing the MLDA. Parents were portrayed as naïve to their children's use or defending their children's bad behavior when conduct issues arose. So, it is curious that several

CSAOs believed that a lower MLDA would result in children being taught to drink responsibly at home.

As CSAOs discussed how they implemented the MLDA, the multiple roles they play on campus and in their communities were in evidence. CSAOs valued their role of mentors and role models to the student body and were frustrated by how the MLDA interfered with that role, including the perspective of some CSAOs that modeling responsible use would be an appropriate tool to achieve the educational goal of safe and appropriate alcohol use. CSAOs also demonstrated how the MLDA interfered with aspects of student development that they attempted to influence, such as ethical development and community building. CSAOs also were negotiating how the MLDA impacted their roles with other public constituents.

Interpretation of the AI

The second research question in this study was, “How has the Amethyst Initiative affected Chief Student Affairs Officers interpretation and implementation of the Minimum Legal Drinking Age?” Overwhelmingly, this study found that the AI had little effect on how CSAOs interpreted the MLDA. This research study was conducted three summers after the AI was launched. During this time, the national effort had failed to make any appreciable progress toward the original aims. However, the researcher still began with some assumption that signing the AI, and even the institutional discussion about whether to sign the AI, would have some impact on key campus dynamics. Relationships that the researcher posited could have been influenced by the AI included those between students and staff enforcing the MLDA, between institutions and their

communities, or between presidents whose signatures were requested and the CSAOs who lead the efforts to address alcohol abuse. There was little evidence to support these assumptions. Rather the AI was described as a “non event,” failing to capture the attention of campus communities or spark debate or political momentum. There were four major themes related to the AI in the study findings:

- The AI institutions truly did believe they were signing on to a national debate about the drinking age;
- Whether signed or not, the AI generated little attention on college campuses;
- Presidents had a variety of engagements with their CSAOs on the signing decision; and
- The AI was seen as counter-productive to campuses citing progress on alcohol abuse issues.

Theme 1: The AI institutions truly did believe they were signing on to a national debate about the drinking age. One of the most consistent findings relating to the AI itself was that the presidents and their CSAOs truly believed that they were signing off on participation in a national debate around whether the current drinking age worked. Many were surprised and offended to find that their participation in the AI was misinterpreted.

I recall one conversation, and I told [my president] how proud I was that she signed the Amethyst Initiative because the central argument was lost in the political environment. And that was those presidents, at least [my president] I will speak for, was clearly, what she was signing off for was permission for additional national debate. It was misinterpreted that those presidents including McCardell

of Middlebury at that time, the chairman, was kind of encouraging more drinking.

That was not why either he or [my president] signed the Amethyst Initiative.

(Participant #15, AI)

The media in particular was cited by the CSAOs as misreporting the intention of the AI Presidential Statement.

I think the media especially took it up as the president was signing on to an 18 year old drinking age, and that's very clearly what happened in our local media also, even when we clarified it would always come back to the drinking age issue.

I think on campus it was interpreted better...that we were saying that there needed to be discussion about it, and we needed to discuss alcohol usage in general with students and that there needed to be more dialogue regarding that. (Participant

#4, AI)

The AI CSAOs framed their campus support of the AI in terms of how they themselves viewed the goal of their institution's alcohol abuse prevention efforts: the elimination of dangerous and irresponsible drinking.

I think it became so focused on lowering the drinking age that people began to focus on that tree rather than the forest. And I think the forest is more the concern about how do we, you know, get people to drink responsibly. (Participant #7, AI)

Some signatures were meant to symbolically acknowledge that there was massive disregard for the legal drinking age among young people. Attention would be better focused on reducing the harm from dangerous drinking.

He did sign, you know, rather quickly. And not because, not necessarily focused on what will be the drinking age, have to be lowered to age 18. But I think, because you know, the same view that we share, that we know that people are going to drink regardless of what the drinking age is. And that we ought to be working as communities to try and minimize the problems that can come from irresponsible use of alcohol. So, I think that was his primary motivation and I would agree with that. (Participant #7, AI)

Naturally, as the AI CSAOs discussed the AI, many of the discourses found in the AI Presidential Statement were present in their speech. Another CSAO portrayed his president's signature as highlighting that the MLDA was an impediment to effective education while the problem behavior was worsening. Thus, any solution, including re-examining the MLDA, may need to be considered in order to address the issues.

At this point, I think when the whole issue came up about signing, going on with the petition or the letter, the president at that time and I had several discussions over it, and I think that we were not signing the letter to say that we are in favor of changing the minimal drinking age but, we are, but, we think it should be part of the discussion. And then there is, and a part of the discussion needed to include that we really see this behavior of drinking to get drunk instead of a social experience, and really we can't really address that with the majority of our students since they are not of age. (Participant #4, AI)

Some CSAOs explained their president's signature as authorizing an investigation of the facts about the MLDA, why it was put in place and its effect.

I did know when I was hired that our president had signed it...and I think he signed it for good reason. I think sometimes the initiative gets this bad rap of saying we should change the legal drinking age and that's not what it's saying. It's saying we should research and see what the precedence behind this was.

(Participant #11, AI)

The language of this CSAO reflects the AI discourse of outdated or incomplete research about the effectiveness of the MLDA. Ironically the current U.S. MLDA has one of the most robust research bases of any alcohol policy in the world. If a president had consulted with a faculty member in a related area, this would have easily been revealed. Similarly, a staff member who handles public relations or government liaison work could have easily unearthed the tremendous public support for the policy. The involvement of CSAOs in their president's decision will be explored in depth in theme 3.

Another CSAO spoke about the MLDA debate as if there was conflicting or unclear evidence that needed to be cleared up with the help of the higher education community.

So it's going to be very complex and perhaps the word is unclear. But I thought it was wise of McCardell and other presidents to simply say let's continue a scholarly, intellectually stimulating discussion. (Participant #15, AI)

The phrase "scholarly, intellectually stimulated discussion" implies that higher education can bring a more sophisticated quality to the debate. However, a more critical lens could also be applied to this debate perspective. In higher education, learning as a community is facilitated through debate or the presentation of multiple perspectives to expose students

to critical thinking skills. However, the topics of these debates are sometimes areas in which the intellectual community's opinions are near closure, such as evolution, climate change, or the value of multiculturalism. The "debate" is really educational programs that generally all lead to one conclusion. If the presidents believed they were opening one of these more pseudo-debates, they would have been quite surprised at both the public's swift negative reaction and the lack of a strong reaction in either direction from the intellectual communities that they lead.

One CSAO, who would have advised his president to sign the AI if he had been consulted, expressed his disappointment that other higher education leaders did not embrace the idea of a debate on the topic led by higher education.

I attended a session, maybe a year and a half ago at the University of Connecticut and Peter Lake was the keynote speaker. And someone asked him about the Amethyst Initiative. And so Peter says, I'm against it, it's a bad idea for us to lower the drinking age. And I wanted to say, Peter, I did go up to him afterward; I didn't want to embarrass him publicly, I said Peter the Amethyst Initiative is not about lowering the age, it's about a discussion to lower the drinking age. How could anyone in higher education be against discussing about anything? You know, we're a marketplace of ideas, we should be discussing everything and coming up with either reinforcements of why we should do it or not, but, you know, what's the other group with McCardell is involved with? Choose Responsibility. That's promoting lowering the drinking age. And so the Amethyst Initiative was saying, we want a discussion. (Participant #8, Non-AI)

This participant was the only one who acknowledged that one of the reasons that the AI was interpreted as being about lowering the drinking age was that its leader, John McCardell, had already founded a companion non-profit called Choose Responsibility which advocated for lowering the MLDA to age 18.

The path that the AI was expected to take after the announcement of its signers was unclear. However, signers did expect to maintain the leadership of Dr. McCardell, who had just retired from Middlebury College as president and was planning to devote his time to his non-profit organizations. There was a real disappointment expressed by some schools that the AI has lost leadership when Dr. McCardell took a new presidency.

No. Actually the president has said publicly to those of us around the senior staff table that what has concerned him most about signing onto the Amethyst Initiative is that that conversation that Dr. McCardell said was going to take place never has. And so, whereas, when he retired from Williams or Middlebury or wherever he was. I think those who were looking to him and the leadership that he had promised to that initiative. They thought, well okay, that's going to pass because he is going into a new phase of his life. But, in fact, what he has done is taken on another presidency. (Participant #1, AI)

Dr. McCardell became the president of Sewanee: The University of the South in 2010. Sewanee is also a member of the Annapolis Group and was among the signers of the AI.

A primary finding related to the AI was that institutions truly did believe they were signing off on a debate about the MLDA. While this claim could be seen as absurd

in many segments of society, debate and inquiry are core values of higher education and college presidents are likely to see a primary role of higher education in issues of national debate. The AI presidents were offended and surprised when the AI was portrayed by the media as support for a lower MDLA. However, they also may have been surprised by a lack of a base of people who found the issue to be debatable. No matter the initial reactions, the path of the AI toward achieving its aims was unclear and the promised leadership by Dr. McCardell was lost, which was a disappointment to participants.

Theme 2: Whether signed or not, the AI generated little attention on college campuses. Whether or not the participants' presidents signed the AI, CSAOs consistently reported that the AI generated little reaction from their campus community. One reason cited for the lack of reaction was the lack of appreciable immediate change in how the campus would respond to alcohol abuse.

As a matter of fact, no. It has been a real low key type of initiative and I'm sure... I don't remember if our former president put anything out about it or not except to the cabinet. And there wasn't a major change in alcohol policy because we had our policy already in place. It wasn't a major change in programmatic things because we do different things every year on programs in relation to alcohol, drugs, etc. So there wasn't a huge like hooray or red carpet event or anything of that nature, no. So I don't know how they have reacted to it, but here it was signed and basically we went about our business. (Participant #10, AI)

This CSAO was indicating that there was little need for change to accommodate a transition to a lower MLDA if it was achieved. Alcohol policies and programmatic efforts

were already structured to address a campus population that was allowed to drink at age 18. This may be the case because so many students ignore the MLDA or because the policies and programs are designed to address the problem of dangerous and irresponsible drinking rather than underage drinking. The institutional context for Participant #10 was that of a women's college with very few alcohol-related incidents per year. In addition, Participant #10 indicated that the president did not send intentional symbolic messages to the campus community about the meaning of signing the AI. The audience for the initial AI signature appeared to be outside of the campus.

A number of CSAOs indicated that the decision was not open for a campus discussion and no campus discussion followed the decision.

And so I told my president that and he said well I'm not going to sign it then and that's where it was, that's where it finished. We never even got to that point. The campus did not have a conversation about it. (Participant #13, Non-AI)

There was no significant movement to accept the Amethyst Initiative and the president was not in favor of it from the get go nor was I. So we really didn't have a lot of...there was not any drama about this. (Participant #14, Non-AI)

A number of CSAOs indicated that their president appeared to have weighed out the possible repercussions of signing versus not signing the AI.

You know I think the president was new at the time. I think it was controversial at the time. Our president comes from a political background. You know, so worked a lot of public policy and state governments and I think there were so many other things going on that when it hit the desk it just... it missed its

opportunity for us to engage in a broader conversation. And you know, I think a few people that were involved felt that the risk associated with not signing were better than the risks associated with signing. Whether it's a PR risk if something happened down the road and then everybody points a finger back to you, "You are too liberal when it comes to alcohol." Whether it was making a political statement that we didn't want to make. So it really wasn't something we ever had the chance to really engage a good conversation. (Participant #12, Non-AI)

In response to his disappointment that his president did not sign the AI, this CSAO hoped to get their students interested in taking a position on the debate.

It went under the radar for them and I tried to... I remember going to the student government association, just one of my regular monthly meetings and engaging them, "Do you want to think about this? Do you want to make a statement?" And they were really unsure about it. And it was just fascinating how many students were really unsure about what they thought about that. About whether they felt... and so I think that was another piece of the issue here. Our students didn't gravitate towards it and say, "This is something we should be talking about." Or even though we brought it to their attention and tried to get them to think about it. And our students typically are not political to begin with. (Participant #12, Non-AI)

Lack of political interest by students in the MLDA debate was cited by a number of CSAOs. Many simply reported that their students were apolitical. Others indicated that

their students did take up some political causes, but the MLDA did not capture their interest.

We told the student leadership and some discussions were underway but in terms of the Amethyst Initiative, I think the average student at [this institution] and the average student I thought at least in the deep South didn't know anything about it.

(Participant #15, AI)

Have not had any students that I can recall. We've had a couple faculty who have asked about it and we simply said you know we didn't think that was a way to approach the issue of drinking that we thought that there would be, you know, create a more dangerous atmosphere by lowering the drinking age and we made a policy decision that we weren't going to do it and everybody said okay. But there wasn't any real outcry on the part of our students or anything like that. Our students are not very activist. So it doesn't surprise me on that but we do have, in any given year, we have a number of students who try to take on causes but this wasn't one that came up. (Participant #13, Non-AI)

Implicit within these comments about a lack of interest by students or lack of a campus reaction is possibly the recipe for a major campus initiative. Student activism and interest in particular appears to be a motivating factor in some types of campus initiatives.

Students were not the only group that the CSAOs cited as unaware or unmotivated to get active in the MLDA debate. In general, campus and community stakeholders failed to get overly involved or exert their influence on the issue.

Well I think that my experience was that very few people were really aware of the Amethyst Initiative. People in student affairs and higher education administration who keep up with what's going on were aware of it. (Participant #14, Non-AI)

It's funny, not to my knowledge, never got a question from a parent, never got any kind of student grassroots call for a policy change or you know, we've got students ask us to support the DREAM Act for immigrants and their kids, but, not on this one, it's interesting. There was no real push here from the stakeholders, didn't get it from the public schools as we work and we work in consortium with the community, with the, I suppose the only group that would have loved it would have been the bartenders. And they are not terribly cooperative to begin with, but, they would love to see the drinking age drop, but, I don't know how to explain that actually. I don't know exactly why that didn't happen in this state. (Participant #3, Non-AI)

I think even I am trying to remember, but I think it may have come up at a faculty meeting; one of the faculty members may have asked what his point of view and he answered and there was very little pushback to his decision. And also I do remember at the same time I don't remember much reaction of wow that's exactly the right thing to do nor do I remember a reaction of. That was really too bad that [this institution] was not going to sign on when all these other schools are. You know, it was a muted reaction, I guess I would say. But it was not a, you know, it was not an issue that it really galvanized the campus one way or the other. (Participant #5, Non-AI)

In a notable exception, one president received pointed feedback from both trustees and parents that they disagreed with his decision to sign the AI. When, more recently, the campus had to impose stricter policies and sanctions, the president received much more supportive feedback.

Well, there were a very few vocal trustees against it and a very few vocal parents against it. But for the most part it was a silence from most people who did not weigh in. We've had much more response from parents and the institutions supporting [our president] since we have now added a pretty strict system of punishments and fines. Most have actually said why wouldn't it be higher, especially fire related. (Participant #1, AI)

The researcher noted during background research that MADD has organized letter writing campaigns to some presidents. Only one president in this study experienced this effect; he received over 2,000 emails from MADD. This was juxtaposed against the lack of response that most campuses felt or even the positive feedback received by a few presidents.

I think the campus community was for the most part very supportive of that. Students were delighted that he signed. You know, I think people are pretty much onboard. I don't recall that we got any letters from people or any people, the fellow Presidents or parents or students or community members, you know, condemning us for having signed the initiative. Some people may have not been happy with us, but I don't think we got anything back, normally if the President

gets something either, you know, has me answer it or shares the note with me, and I don't recall any of that. (Participant #7, AI)

For campuses that were more insular and functioned like closed systems, their signature of the AI was perceived to have little effect or relevance to daily life.

I think in part it's that, you know, at [this institution] there's so many pressing things, that this feels kind of out in the stratosphere somewhere, and an initiative that's way out there and maybe not, I mean I don't know people think it's, you know, what kind of possibilities there are, but I think that, I think it's just something that feels so outside of the culture here, and probably that goes along with, I mean it's not as if we talk about alcohol behavior institutionally all that much anyway, so it's not part of our culture to be having those conversations.

(Participant #9, AI)

Similarly, CSAOs also cited other more pressing concerns as drawing the president's attention away, such as the recent economic downturn. Turnover of the student body was also cited as erasing any attention that the student body may have given the initiative. One of the most surprising findings of the study to me, as the researcher, was the nearly universal denial of any shift between the administration and the student body in response to signing the AI. One AI cited "the matriculation of our students. You know, they were leaving, new students came in and the focus changed" (Participant #11, AI). Another found that the topic just failed to keep students' attention.

The project itself I don't think ended up having that much of an impact for us to after probably two months, after that point and it never came up again, except,

like I said first year experience we kind of use that as an educational tool.

(Participant #4, AI)

CSAOs in this study consistently reported little to no effect of the AI on their implementation of the MLDA, on students' relationship with the campus administration, or their campus and community constituents. Implicit within the CSAOs' comments may be the recipe for when an issue becomes an engaged debate for a campus culture, particularly student activism and engagement by faculty. Some CSAOs seemed to indicate that community member pressure might also be an influential factor, while others reported that the president appeared to shake off negative publicity or communication from non-campus members. The belief that the presidents were engaging in a debate rather than taking a position on the MLDA may have aided in failing to engage with negative feedback.

Theme 3: Presidents had a variety of engagements with their CSAOs on the signing decision. The participating CSAOs displayed a range of involvement in their president's decision when approached about the AI from true mutuality to no involvement and no follow-up. Among the eight AI campuses, four of the CSAOs were asked for their input. One of those CSAOs advised against the AI.

So, clearly, I was very early on not very supportive of the initiative. It's not that I'm not supportive of talk and discourse and dialogue. So, what were we going to reduce it to and what were going to be the supposed gains from that? So, we were now going to reduce the drinking age to 18 and we were now going to no longer see the problems? (Participant #1, AI)

Participant #10 was positive toward the president's decision to sign, but frustrated the president by asking questions about the implementation plans.

Our President was and she'd looked at it and talked about it and asked my opinion and she got it, so I did sign it. My opinion at the time was, "Where is it going? What is it doing?" I'm not sure what will happen with it and I'm still at that quandary. My former president thought it was going to work itself out, and why I had questions. She wasn't sure I understood... well I'm not sure she understood why I had questions about how it was going to work and I don't understand what it's going to mean and what it'll bring to the table. (Participant #10, AI)

Two of the AI CSAOs were not consulted at all. One expressed admiration for the president's decision. He portrayed it as a moral decision, by saying "she just did what she thought was principled" (Participant #15, AI).

Another was not consulted in the decision nor was it announced to the CSAO or the campus. This appeared to be fully within the norm of the campus culture.

No, it has never come up. I mean I think I maybe got an email at some point that people are trying to reduce the drinking age to but there was never an accompanying conversation about it. (Participant #9, AI)

Of the two remaining AI CSAOs, one was not on campus when the AI was signed. She was aware of their status when she applied that year and expressed admiration for her president's principled decision, similar to Participant #15. In a final curiosity, one AI CSAO was actually unclear whether his president had signed. He was in favor of a lower MLDA and his president was supportive of the AI, but it was unclear

whether the president had the authority to sign since the college was part of a state system of technical colleges.

So I think those conversations, the president, I think, was afraid to sign because the Chancellor, let me try to remember this now, no the Chancellor actually came out in favor of it and honestly I just don't remember if the president signed it or not, something tells me he didn't. (Participant #2, AI)

Overall, the AI CSAOs displayed an array of matches between their personal take on the MLDA and the position of their campus on the AI. Six of the CSAOs were opposed to the age 21 MLDA and were supportive of their president's decision on the AI. One was against a lower MLDA and opposed the institution's signature on the AI. One expressed opposition to the age 21 MLDA but was uncertain about whether she supported the institution's position about the AI.

The non-AI campus CSAOs expressed a similar range of involvement in their president's decision. Two of the CSAOs were not asked to give input into their president's decision and one could not remember whether they had spoken about the AI or not.

I honestly don't remember. We have been approached about a number of initiatives. And she generally asks me about those things when they have something to do with students and I honestly don't remember having that conversation. So, either she didn't get it or it slipped through the cracks, or we discussed it along with some other things, I've forgotten it. (Participant #16, Non-AI)

The two non-AI CSAOs whose presidents did not consult them happened to be personally in favor of the AI and expressed indications that they were frustrated that there had not been an engaged campus conversation or that they had not signed.

You know if this was coming up and people were talking about this on campus and you know because it's around alcohol and all those kinds of things, I think there was a push to not want to get involved. (Participant #12, Non-AI)

Three CSAOs used language that indicated that they were consulted by the president as the campus expert on alcohol abuse. Yet, these CSAO were aware of other levels of input or discussion that their presidents were involved in as they decided.

I went to speak to my President about it and he wanted to talk about it and he had some concerns. He is also very active in the NCAA division III area. So, he goes to these national meetings and he gets to speak to lot of the presidents from across the country, when Amethyst started they were asked to, I think they got letters actually and they were asked to sign and to, I think that's how he approached me, what do you think we should do? His inclination was not to sign. (Participant #3, Non-AI)

No, I would, you know, I really can't answer that because I was not, it really our president who was approached. McCardell was the sort of the leader of this initiative, had been the president at Middlebury so he was a former colleague of my president because they were both NESCAC schools. I mean honestly we didn't have a lot of communication. [Our president] had pretty strong point of view. Not to say we didn't talk about it, because we did but we didn't spend a lot

of time talking about it. I think he was pretty clear in his mind about why he felt that it wasn't appropriate for [this institution] to sign on. (Participant #5, Non-AI)

Participant #6 also used language that indicated that the president asked for his input. Even though the president took the position that he advised, he believed that other factors ultimately influenced his president's decision.

So I sort of asked him to think about it in terms of the impact on [this institution], you know, what sort of messages we need to be sending to [this institution's] students about alcohol and, you know, I don't think that he was necessarily swayed by me. I think that he sort of came to his own judgment about that and I think that probably is his overall point of view was that he just didn't want to go on record with a controversial position. He just wanted to not be making any statement one way or the other on it. We are in the middle of a campaign, he was focusing on the campaign and he has really adopted a point of view that he does not want to ruffle any feathers by doing anything controversial. (Participant #6, Non-AI)

An avoidance of taking a controversial decision was echoed elsewhere as a reason that a non-AI president did not sign.

I think our President would probably be in favor of it, but I don't think strong enough that he would ever position a school to draw the heat that it would draw to put it out there. (Participant #8, Non-AI)

Two of the Non-AI CSAOs portrayed their campus decision as a mutual decision.

There was no significant movement to accept the Amethyst Initiative and the president was not in favor of it from the get go nor was I. So we really didn't have a lot of there was not any drama about this. (Participant #14, Non-AI)

My president and I had a conversation and I said Joe, if you're asking me what you ought to do, I'm going to tell you don't sign it and then I told him my reasons and I thought it was counterproductive. I thought it was a cop out by the presidents and try to perhaps save money, I don't know. Presidents like to save money but it seemed to me very misguided. I don't, I'm not saying that the presidents who signed on didn't have best of intentions, I think they did.

(Participant #13, Non-AI)

All in all, of the non-AI CSAOs, three had strong personal support for the MLDA and the campus position of not signing the AI and one did not personally support the MLDA but felt that not signing was the correct decision. One was personally against the current MLDA but was neutral on the AI because of his non-traditional campus population. Three were in favor of a lower MLDA and expressed some level of frustration with their president's decision not to sign the AI.

CSAOs revealed a variety of levels of involvement in the decision by their institution's president whether or not to sign the AI. When the 16 CSAOs discussed their personal feelings about the MLDA, only four felt that 21 was the correct age for the MLDA and only five were opposed to signing the AI. So, this meant that seven of eight AI CSAOs were supportive of their president's decision, while only four of the non-AI were strongly supportive of their president's position (although two sidestepped the

question). Whether the CSAO was supportive of the president's decision did not necessarily align with their level of involvement. Some were interpreting a position that they were never consulted on; some were consulted extensively or participated in a truly mutual decision with their president. Some presidents made a lone decision, which could indicate a sense that the decision was only reflective of them as an individual, a belief that this decision was theirs alone to make, or perhaps the president believed there was already consensus on the issue based on previous institutional conversations. Some presidents appeared to reflect with their CSAO about the impact of the decision on the campus alcohol culture. Other presidents considered the costs and benefits of their decision in terms of perceptions by the public or constituents like alumni or parents.

Theme 4: The AI was seen as counter-productive to campuses citing progress on alcohol abuse issues. The CSAOs who felt that their campus was making progress on addressing alcohol abuse were likely to comment that the AI would be counter-productive for their campus.

We've been fortunate here that what we've done has worked, so when I first read the stuff on the Amethyst thing I thought "oh no don't do that." That's a step back; we don't want to go backwards. (Participant #13, Non-AI)

While participant #13 had strong personal and professional support for the age 21 MLDA, Participant #6 would actually personally be in favor of a lower drinking age. However, he felt that signing the AI would send a message that would impede his institution's progress on addressing their deeply imbedded alcohol abuse issues.

I really don't think that that's the message that [this institution] really needs to be sending right now to its students that, you know, the president is going on the record as favoring the change, you know, he could probably spin it such a way that the students would, you know, respond well, to his taking the initiative. I think a lot of students would be supportive, but, I thought that it would be difficult for him to separate out his support for the initiative with the need to get the alcohol drinking culture at [this institution] under control. (Participant #6, Non-AI)

If policy enforcement is part of the successful strategy of a campus in addressing alcohol abuse, then the lowering of the MLDA would be an impediment, whether it tipped the balance for the short term or was a long-term set back. For CSAOs who felt that their campus was making progress on alcohol abuse prevention, their reaction to the AI was that it would be counterproductive to their efforts.

Chapter Summary

This chapter explored the study findings, including profiles of the participants, document analysis of the AI Presidential Statement, and themes found in response to the two research questions. When exploring how CSAOs interpret and implement the MLDA (research question one), six primary themes emerged. CSAOs did not define underage drinking as their campus alcohol problem; they identified dangerous and irresponsible drinking as their problem. CSAOs were engaged in alcohol abuse prevention, not alcohol use prevention. Therefore, the MLDA itself does not directly address their issue. CSAOs described the MLDA as a tool, a roadblock, and even a nuisance in their efforts. As

educators, CSAOs displayed a strong belief that students can be educated or reasoned into right action to avoid dangerous and irresponsible drinking. The need to use campus conduct systems was portrayed as a failure by students to learn the educational messages; however, the conduct system itself was positioned as educational rather than punitive. This definition of the problem, desire to be educational, and a holistic view of student development made the arbitrary nature of the MLDA difficult for many CSAOs. CSAOs referred to a need to balance strictness and leniency in addressing alcohol abuse, often portrayed as a balance between education and enforcement. For those campuses that increased enforcement, there was an accompanying increase in educational programs and visibility of a caring message. Several CSAOs cited examples of the consequences they experienced when their president upset this balance by leaning too heavily into an overly strict or permissive stance.

The CSAOs in this study expressed a range of opinions about the changeability of their campus alcohol abuse issues. Four of the CSAOs related having made significant progress on their campus' alcohol abuse problem and their early successes begat further commitment to addressing the issue. Not all of these CSAOs embraced the MLDA, but all cited alcohol policy enforcement as key to their success. This was juxtaposed with several CSAOs who were willing to admit that they believed that the level of alcohol use on their campus could not be moved. Although they expressed the symbolic and political importance of their prevention efforts, they wondered if they would be better served to cut back to only addressing students with addiction issues. Ironically, two of these

doubtful CSAOs were directing campus efforts that used the majority of best practices advised to campuses to address alcohol abuse.

The CSAOs in this study had little consensus on their perception of what would happen if the MLDA would be lowered. Most would expect an initial surge of alcohol use. A number of CSAOs would expect a long-term roll back to learning to drink responsibly at home, responsible use modeling on campus, and a lessening of student preoccupation with drinking. Others doubted that alcohol abuse by college students would be improved. For example, one CSAO cited an expectation that all of his campus and community issues would continue in addition to the added stress of now hosting events with alcohol on campus. Several mused that the alcohol culture among youth had become too dangerous and complex to be aided by a lower MLDA. CSAOs reflected on a new era of an extended adolescence for young people and concern over an entitlement displayed by students that would only be fueled if the MLDA was lowered.

The CSAO role is a complex balancing act of serving the president, working with senior leadership to achieve the institutional mission, acting as the students' advocate and mentor, and acting as the main institutional point of contact for parents and community complaints about students. The need for CSAOs to balance their roles was evident as they interpreted and implemented the MLDA. CSAOs clearly valued their role as students' advocate and mentor and several expressed frustration at how the MLDA interfered with that role and the achievement of some of their holistic development goals for students.

Research question two explored the impact of the AI on how the CSAOs implemented the MLDA. CSAOs whose presidents signed and did not sign the AI

reported little to no impact of the AI on their campus culture or their alcohol abuse prevention efforts. The AI CSAOs were insistent that they were engaging the intellectual community and the broader culture in a debate and investigation of the effectiveness of the MLDA. Obviously, this perspective may have been shaped by the fact that the AI had failed to make any appreciable progress toward its goals and lost its promised leadership. In higher education, the concept of opening an intellectual dialogue and exploring different angles of complex issues is germane to the culture and can be viewed as part of the contract between higher education and society. However, when the media and opponents to lowering the MLDA portrayed the AI position as promoting a lower drinking age, some AI campuses were frustrated and befuddled.

Whether the AI proponents misjudged the public support for the current MLDA, were naïve to the amount of data in support of the current MLDA, or simply misjudged whether their constituents were interested or passionate about this debate, the AI failed to capture the attention and imagination of campuses and the broader culture. CSAOs described their campuses' response to the AI as largely unaware of the entire initiative. Several CSAOs attempted to engage their student leadership in discussions and debates about the AI, with little response. Student engagement in the debate was revealed to be key in whether the campus communities would get engaged in the MLDA debate. Signing or choosing not to sign the AI was a symbolic act without any immediate action attached. However, AI presidents and CSAOs chose not to create ritual or other means to bring attention to this symbolic expression of who they were as a community. Interestingly, one of the institutions opposed to the AI joined with other institutions in

their state to develop, sign and publicize a pact to rigorously address underage drinking through assessment, best prevention practices, and policy enforcement. This type of symbolic action was not found among the AI institutions who participated in this study.

The CSAO is the campus official charged with leading and coordinating alcohol abuse prevention efforts. The CSAOs in this study displayed a broad range of involvement by their president in the decision whether or not to sign the AI. Some CSAOs portrayed their campus AI decision as a mutual decision by the president and the CSAO; others felt that the president consulted them as the campus alcohol abuse expert and decided accordingly. Some were aware that their opinion was among several sought and considered by their president as he or she made their decision. Other CSAOs were not consulted by their presidents at all. Interestingly, there was no pattern between whether the president sought the CSAO's counsel and the level of agreement that the CSAO had with the president's decision. Not all CSAOs agreed with their president's decision. Yet, it was more common that a CSAO would have liked for their president to sign the AI and the president did not. The study revealed a breadth of relations between presidents and CSAOs about alcohol abuse issues. The theoretical lens of interpretive policy analysis would have led to an exploration of how these relations then impacted how the CSAO interpreted the president's decision on the AI to campus constituent groups. However, the lack of campus and community reaction to the AI foreclosed that element of the study.

Chapter 4 presented the findings of this qualitative study which used discursive methods of policy analysis. The chapter opened by describing the participants, using

demographic tables and profiles of each participant. The AI Presidential Statement itself was analyzed to reveal its major discourses, which were echoed within the speech of a number of participants. Findings related to the two research questions were presented, including six major themes related to how CSAOs interpret and implement the MLDA and four major themes related to how the AI impacted how the CSAOs implemented the MLDA. Chapter 5 will summarize the entire study, discuss implications, and make recommendations for future research.

CHAPTER V

CONCLUSIONS

Introduction

This study explored how Chief Student Affairs Officers (CSAOs) implemented the Minimum Legal Drinking Age (MLDA) within their overall leadership of campus alcohol abuse prevention. In addition, the study described how CSAOs interpreted and implemented the Amethyst Initiative (AI) on campus, whether or not their president signed the Amethyst Initiative. The experiences of CSAOs from campuses that did and did not sign the AI were examined, using methods that illuminated the context within which the CSAOs viewed the problem of high-risk drinking on their campus and described their leadership of campus alcohol abuse prevention efforts.

The following research questions were explored:

1. How do Chief Student Affairs Officers interpret the Minimum Legal Drinking Age?
2. How has the Amethyst Initiative affected Chief Student Affairs Officers' interpretation and implementation of the Minimum Legal Drinking Age?

Discursive methods of policy analysis were used to address the research questions, specifically interpretive policy analysis and discourse analysis. Analyses included a discourse analysis of the AI Presidential Statement and discourse analysis of interviews with eight CSAOs from AI institutions and eight CSAOs from non-AI institutions.

There were six major findings related to research question one:

- CSAOs defined dangerous and irresponsible drinking as the focus of their alcohol abuse prevention efforts, as opposed to underage drinking;
- CSAOs expressed a strong belief that students could be reasoned into right action regarding alcohol use through educational efforts;
- CSAOs expressed a need to find a balance between strictness and leniency in their response to alcohol abuse on campus;
- CSAOs expressed a range of beliefs about the changeability of their campus alcohol abuse issues;
- CSAOs were unclear about what would happen if the MLDA was lowered; and
- CSAOs attempted to balance their multiple roles on campus as they led alcohol abuse prevention efforts.

In relation to how the AI affected CSAOs' interpretation and implementation of the MLDA, there were four major findings:

- AI institutions believed that they were engaging in an intellectual debate about the effectiveness of the MLDA;
- The AI failed to capture the attention and imagination of campuses and the broader culture;
- The CSAOs in this study displayed a broad range of involvement by their president in the decision whether or not to sign the AI; and
- The AI was seen as counter-productive to campuses citing progress on alcohol abuse issues.

Results of this qualitative study affirmed the major findings of the literature review. The MLDA appeared to have a diminished effect on the campuses of these participants, which may suggest that the college environment was a mediating or moderating variable in the effectiveness of the MLDA (Wagenaar & Toomey, 2002). Participants embraced the concepts of the environmental management approach to addressing alcohol abuse (DeJong et al., 1998), most commonly referencing a combination of education, enforcement, and alternative programming. Environmental management strategies have been found to reduce alcohol use and alcohol-related consequences (Toomey et al., 2007). What was less clear through this study was whether these campuses were using evidence-based interventions or enforcement strategies to the level that could affect significant change. As Nelson et al. (2010) found in a recent study about implementation of the 2002 NIAAA report, few of these participants collaborated with their community on alcohol policy and enforcement initiatives. Thirty-four of the AI institutions participated in Nelson et al.'s (2010) study; the AI institutions were found not to differ from other institutions in their implementation of the NIAAA recommendations. Although this was the general observation in this study, the campuses that most heartily embraced the federal recommendations and evidence-based practice were the non-AI institutions.

This study affirmed the wide distance between public health officials and higher education officials on the state of generating effective solutions to alcohol abuse on college campuses. While public health researchers and federal officials believed they had established a comprehensive approach with accompanying evidence-based strategies

(Hingson, 2010; NIAAA, 2002, 2007), higher education scholars concluded that higher education did not have a “unifying theoretical framework that adequately addresses college drinking” (Broughton & Molasso, 2006, p. 625). Examination of these findings may provide insight into the CSAO perspective to advance this conversation.

Chapter 5 outlines the conclusions of the study, including the theoretical implications and implications for practice and policy. Study limitations are examined next and the chapter concludes with recommendations for further study.

Theoretical Implications

This study was among the first to use a scholarly approach to examine the perspective of CSAOs, the top college campus officials charged to oversee alcohol abuse prevention efforts, on the MLDA. This examination needed to begin by drawing forward the discourses that CSAOs used to frame issues of alcohol abuse on campus and to describe their campus efforts to address this critical issue. A discursive approach to policy analysis provided critical insight because “different discourses, definitions, and questions lead to different policy prescriptions” (Fischer, 2003, p. 14). CSAOs in this study defined the problem of alcohol abuse for their campuses as dangerous and irresponsible drinking, as opposed to underage drinking. With the problem behavior defined differently, CSAOs and proponents of the MLDA defined different strategies to address the problem.

Although CSAOs and MLDA proponents viewed a different starting problem, they desired the same long-term outcomes related to alcohol use, specifically less addiction and fewer alcohol-related deaths and consequences. Proponents of the MLDA

viewed the route to these outcomes as prohibiting the use of alcohol by people under 21, while CSAOs viewed the route to this outcome as reducing dangerous and irresponsible drinking.

When the problem is defined as underage drinking, strategies will be aimed at behavior elimination; when the problem is defined as dangerous and irresponsible drinking, strategies will be aimed at harm reduction. Differences between these two types of strategies may range from overt to subtle. While both may cite education as a strategy, education informed by behavior elimination goals will contain content that is quite different than education that teaches harm reduction techniques. Figure 5.1 uses a logic model to display the implications of how these different problem definitions affect policy solutions.

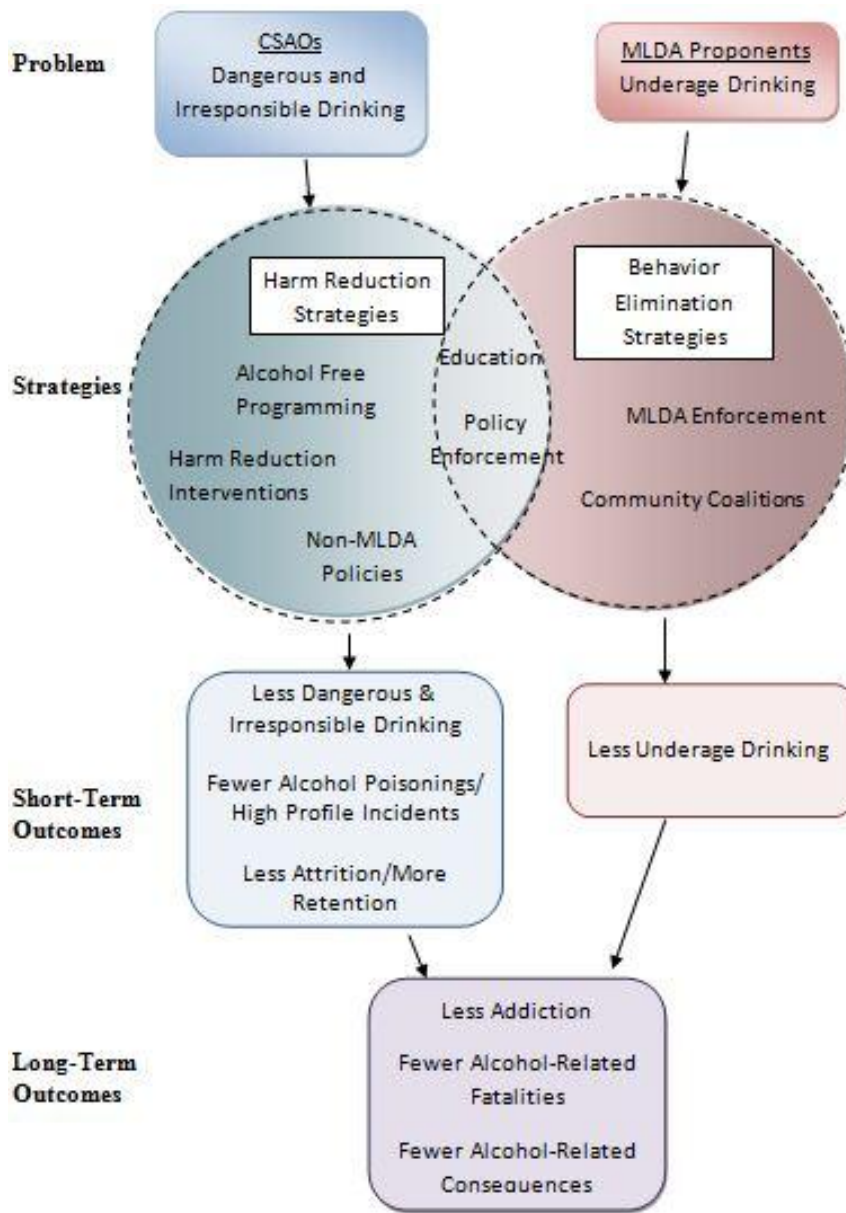


Figure 5.1: Logic model illustration of the problem, intervention, short-term and long-term outcomes related to under 21 year old drinking, as seen by participant CSAOs and MLDA policy proponents.

Both CSAOs and public health officials believed that policy enforcement was a critical strategy. MLDA proponents defined MLDA enforcement as their primary and dominant strategy. Several CSAOs gave examples of non-MLDA policies that were

effective for their campuses, such as party regulations, limits on hard alcohol and drinking games, and medical amnesty and respite care policies to activate when a student had too much to drink. However, MLDA proponents would argue that each of these types of policies would be unnecessary in the face of strict enforcement of the MLDA. CSAOs rarely embraced the enforcement of the MLDA as a primary strategy. Another area of overlap between public health and higher education officials is the universally desired outcome of less drinking and driving. Yet, collegiate drinking and driving prevention programs are a strong example of where the MLDA creates conflict with harm reduction techniques. For example, should colleges and universities provide transportation services to students who have been drinking to avoid harm to students and the community or does that enable underage drinking and create liability for the institution?

In interpretive policy analysis, one of the richest sources of meaning is the place where the analysis yields the opposite of what the researcher expected to find upon starting the study. This researcher fully expected to find an impact of the AI on campus cultures, particularly on the campuses whose presidents signed the AI. This study revealed that the AI did not affect how CSAOs implemented the MLDA. Participants did not experience a shift in campus dynamics positively or negatively in reaction to their campus signature. No one described a change of course that went along with the AI signature. The signing of the AI may have been a non-issue because the MLDA itself was a non-issue for many of the campuses in the study. Every CSAO acknowledged some level of its enforcement, but its significance as a tool was cited as often as a nuisance as it was a help. Never was the MLDA central to an institution's efforts.

Another way to interpret the lack of impact of the AI is to consider what it does take to move a campus culture to embrace a debate. Students on AI and non-AI campuses failed to embrace the debate that the AI proposed. Thus, one could argue that significant student excitement or involvement is a crucial ingredient. Two CSAOs were desirous of the debate the AI promoted despite their presidents' decisions not to sign the AI and tried to engage student leaders to get that debate started. Other possible ingredients to engaging a debate also appeared to be missing, such as faculty engagement and community support of the actions of the campus. The failure of the AI to ignite a debate may not only reveal attitudes about the MLDA, but also lend insight into the elements of how to engage a campus community.

Policy actions have meanings that are expressive, instrumental, or both. The AI can be viewed through interpretive policy analysis as an expression of institutional identity for a campus and a symbolic expression of its values for outside stakeholders. The AI was an expressive policy statement that had the potential to have an instrumental action attached if the MLDA had been altered or changed as a result. The AI had the potential to be a strong expressive symbolic act, but its power was tempered by its tentative language and the lack of direct action by the presidents who signed it. Signing the AI would have had more power if signing campuses also performed an instrumental act like a moratorium on enforcing the MLDA on their campus, but colleges who took this action would have faced public criticism and potential consequences due to federal regulations like the Safe and Drug Free Schools & Communities Act (P.L. 107-110) which requires institutions of higher education to have policies and enforce them.

None of the AI campuses in this study participated in other acts symbolic of engagement by a campus community, such as organizing a research collective, highlighting faculty expertise on the topics, panel discussions, conferences, teach-in events, and seminar courses. The AI campuses in this study were not putting tremendous efforts into enforcement of the MLDA, with the exception of one campus responding to issues that have arisen post-AI. So, signing the AI could be interpreted not as announcing a change, but rather as codifying a behavior in which many colleges and universities were already engaged.

Implications for Practice and Policy

Most CSAOs in this study were ambivalent about the MLDA, particularly about its arbitrariness and its message about adulthood. CSAOs are in the business of holistically assisting the development of college students into adulthood. Student development theory is the basis of much of their student knowledge, and the transition to adulthood is seen as multi-faceted and unique to each individual. Fourteen of the 16 CSAOs in this study had an advanced degree related to college students or higher education administration. Therefore, when the MLDA defines adulthood using an arbitrary age, this assertion is in opposition to the core beliefs of most CSAOs. The CSAOs in the study mused on other adulthood designations as well. Several spoke at length about how concepts of adulthood were changing in U.S. culture and resulting in an extended adolescence. So, some CSAO disdain for the MLDA may have been related to its invalidation of their role in developing adults.

In addition, CSAOs are a group that had studied higher education administration. They are highly trained in the complex organism that is the administration and culture of an individual college or university (Sandeen & Barr, 2006). The CSAO negotiates roles of serving a president, being part of an administrative team, being the primary contact for students and their parents, and often the point of complaint for community concerns as well (Brown, 1997; Sandeen, 1991, 2001; Sandeen & Barr, 2006). A core belief of CSAOs is that each campus is unique and thus needs to develop strategies that capitalize on strengths in its culture and mission, as well as account for elements unique to their student culture, institutional culture, and presidential agenda (Brown, 1997; Sandeen, 1991). In addition, the CSAOs have their own role to play by applying their expertise to guide the campus community. This may be viewed as another example where an arbitrarily imposed solution is a mismatch to collegiate culture regarding alcohol, especially given the previous conclusion about how CSAOs define the problem.

The success of a CSAO is related to the relationship that the CSAO is able to develop and maintain with the president (Sandeen, 2001). This study offered a unique insight into how CSAOs and presidents interacted on issues related to alcohol abuse. CSAOs were involved in their president's decision about the AI to varying levels from no involvement to a truly mutual decision. The CSAOs in this study did not articulate the role that presidents should play in addressing alcohol abuse, but two gave examples where their president frustrated their efforts by sending a message that was far too lenient or too strict for the approach that the CSAO was cultivating for their campus.

Nelson et al. (2010) found that many of the CSAOs in their study were unaware of the NIAAA reports (2002-2009) addressing collegiate alcohol use. Although only a few CSAOs in this study made references to the reports, the frames that public health has applied to collegiate drinking were in evidence in the discourses used by the CSAOs. This included references to high-risk and binge drinking rates, use of nationally normed assessment tools like the CORE survey (SIU, 2008), and use of empirically validated best practices. These were often combined with interventions that have been declared ineffective by the public health community, such as education-only programs and alcohol-free events (NIAAA, 2002).

All but two of the CSAOs in this study had advanced degrees in education and long careers in the field of education. Educational backgrounds may be a reason that higher education professionals continue to use education as a core tool despite contrary evidence. Developing and disseminating effective educational programs may be worth more attention than it has gotten thus far.

Similarly, the strategy of alcohol-free programming has risen and fallen in favor with external experts on alcohol abuse and underage drinking prevention. It remains a core tenet of environmental management (DeJong et al., 1998), but has been difficult to evaluate. CSAOs in this study, and on most campuses, oversaw the units that strove to create a positive community environment for the student body and focused on the intuitive belief that the campus can draw student interest off of alcohol use and alcohol-fueled environments.

There has been recent renewed interest by federal funding agencies like SAMHSA in community coalitions and campus-community partnerships. While comprehensive campus-community programs that used multiple interventions designed to reduce alcohol abuse and drinking and driving have been shown to be particularly effective (Hingson, 2010), this approach was not strongly embraced by most of the participants in this study. There were two CSAOs in this study who were strongly engaged in best practices in campus-community partnerships. Both of these CSAOs were strong proponents of the current MLDA. This study provided additional insight that differing opinions over the MLDA itself may be a previously unnamed roadblock in the development of campus-community partnerships. State and federal funders have a renewed focus on preventing underage drinking for their community coalitions, but, as noted in this study, most campus officials do not view underage drinking as the problem.

CSAOs in this study were aware of best practices and used them to varying levels, matching them to the demographics of their student body and available resources. The use of these strategies did not automatically mean that the CSAOs believed that the recommended practices were effective. As one CSAO memorably put it, “we’re staying with the best practices as ‘just in case.’ Like the atheist who goes to church, just in case” (Participant #8, Non-AI).

The CSAOs in this study were career higher education professionals negotiating the long-term, endemic issue of alcohol abuse by students. Various levels of fatigue were evident in their comments, including overt questioning of whether the problem can be changed. It was notable that the CSAOs who enforced the MLDA rigorously were among

the most seasoned in this study. They were willing to speak of students as young people who needed limits rather than as adults in development/transition, and they expressed more exasperation at students' behavior with alcohol and its effect on their community. CSAOs whose campuses did not suffer from many alcohol-related consequences were not spending a tremendous amount of effort on alcohol abuse prevention. Others have developed a pragmatic approach, citing that "our job is to keep this under a dull roar" (Participant #2, AI).

Rigorous enforcement of the MLDA by CSAOs is a strategy that would have both costs and benefits. Benefits can include reduced alcohol-related consequences for the entire campus and possibly reduced drinking overall among the student body. Positive feedback could be received from external stakeholders, but negative appraisal would be possible from numerous constituents, such as students, parents, faculty, and other administrators.

CSAOs spoke repeatedly of receiving resistance from families when enforcing alcohol policies among students. Naturally, students might find the position unpopular. Few seemed phased by this individually but at least one private school CSAO believed that it had been documented that small colleges could develop an attrition issue from overzealous enforcement of the MLDA. Rigorous enforcement of the MLDA would cost many CSAOs a tremendous amount of resources, good will, and respectful interactions with constituents to develop an outcome, no underage drinking, which is not their actual view of the problem in the first place. CSAOs were no less likely than other U.S. citizens

to be ambivalent about the MLDA, often acknowledging contradictory viewpoints and confusion about their personal and professional feelings about the law.

CSAOs are on the front line of not only translating the MLDA in the campus environment; they are operating at the crux of deep cultural ambivalence about alcohol. Alcohol use is culturally tied to college by the media, students planning to attend college, parents of children who plan to attend college, and college alumni. Mass ignorance of the MLDA is culturally expected by 18-20 year olds inside and outside of the college environment, but 7 out of 10 U.S. citizens would be against lowering the MLDA (Carroll, 2007). When a group of college presidents highlighted this paradox and suggested considering its correction in some way, reaction to the AI was either negative or dismissive. The MLDA is valued in spirit, but not in practice.

Limitations

The meaning of this study should be interpreted in light of its limitations. This study explored a recent historical phenomenon, the AI. Despite the fact that this study was the first to explore the impact of the AI on CSAOs, the events were already three years old at the time of the participant interviews. A stronger research design would have followed CSAOs during the period of the AI launch and immediate aftermath. Not only was the phenomenon older, the AI was considered a failure by all of the participants, as well as most people familiar with its intent. Whether its intent was to open a broad debate of the MLDA or to promote a lower MLDA, the AI failed to ignite a sustained reaction or momentum on its campuses or in U.S. society. The way that the CSAOs described their

interpretation of the AI was likely to be influenced by its failure. Careful attention was paid to this issue during the analyses.

The AI sample included only 136 colleges. These colleges were not representative of all colleges and universities in the U.S. For example, almost 80% of the AI institutions were colleges and universities with less than 2,000 students. Therefore, the findings related to the CSAOs in this study should not be viewed as representative of all CSAOs.

The AI was signed by college presidents, not CSAOs. CSAOs had a variety of involvement in their president's decision whether or not to sign, from none to mutuality with their president. CSAOs were the appropriate participant group for this study because they interpret the MLDA to the campus. They would experience how the campus AI position affected their interpretation of the MLDA, but any exploration that desires to historically understand the decision that a college made about signing the AI should use presidents as the subject. Future studies might consider exploring the perspectives of both presidents and CSAOs about the AI.

An important aspect of interpretive policy analysis is to explore not only the language of policy actors but also their actions, essentially comparing "the walk" to "the talk." Although the interview protocol probed for triangulation of actions and policies, this research topic could be expanded further by triangulating the interviews with observations, interviews with other stakeholders, and campus alcohol use and consequences data.

Recommendations for Further Study

The first part of the 21st century has been a period of lawmakers developing and refining policies related to the health and safety of college students, including changing interpretations of FERPA, heightening Clery Act requirements, reinterpretations of Title IX, and the addition of new policy requirements such as fire safety regulations and missing student policies. Interpretive policy analysis, and other discursive approaches to policy studies, is a powerful tool to help legislators understand the impact of policy on campus communities, including intended and unintended consequences. Ideally, these discursive analyses would take place as policies were developed, but even analysis of how policies are interpreted or their long-term impact are important conversations between policy developers and interpreters. This study was amongst the first to investigate how college officials were interpreting the MLDA, almost 30 years after its enactment. The findings of this study lent insight into the perspectives of CSAOs, who were often the primary interpreters of legislation related to college student life. The need to gather the perspectives of these policy interpreters is particularly salient as the public health community expresses increased interest in adults 18-24 years old.

It remains notable that almost 80% of the AI campuses were small private colleges. One finding in this study was that the CSAOs who embraced the MLDA spoke with more psychological distance from the individual circumstances of their students. While all participants expressed some disdain for the arbitrariness of the MLDA, small college CSAOs were more likely to relate individual stories about students, display a high level of daily interaction with students, and express that readiness to use alcohol

appropriately was not specific to age. Therefore, the topic of how to successfully implement alcohol policies on small college campuses where interpreters and subjects are in close contact may be worthy of further exploration. Also, researchers might consider how well current alcohol abuse prevention models fit small college campus environments.

A number of CSAOs cited success using policies other than the MLDA to reduce dangerous and irresponsible alcohol use. Community alcohol control policy studies have explored the effectiveness of alcohol control policies, such as beer taxes, while controlling for the level of MLDA enforcement (e.g. Ponicki et al., 2007). Using such methods within the closed environments of college campuses may provide further insight into the effectiveness of the MLDA and other alcohol control policies within the collegiate environment.

Lastly, this study affirmed that the CSAO is the central figure in alcohol abuse prevention efforts on college campuses. The field of public health has published extensive guidance on collegiate alcohol abuse prevention. Some was aimed at presidents; much was aimed at prevention professionals hired by institutions or health and counseling practitioners on college campuses. The CSAO coordinates, prioritizes, and communicates much of the institutional message about alcohol abuse and is an untapped source for experts and scholars. This group of administrators is the subject of little published scholarly research overall and deserving of more scrutiny and attention, especially from policy analysts. CSAOs have been a critical missing voice in the

prevention conversation and are pivotal partners in the progress of addressing collegiate alcohol abuse.

APPENDICES

Appendix A

Presidential Statement, Amethyst Initiative

IT'S TIME TO RETHINK THE DRINKING AGE

In 1984 Congress passed the *National Minimum Drinking Age Act*, which imposed a penalty of 10% of a state's federal highway appropriation on any state setting its drinking age lower than 21. Twenty-four years later, our experience as college and university presidents convinces us that

TWENTY-ONE IS NOT WORKING

A culture of dangerous, clandestine binge-drinking, often conducted off-campus, has developed. Alcohol education that mandates abstinence as the only legal option has not resulted in significant constructive behavioral change among our students. Adults under 21 are deemed capable of voting, signing contracts, serving on juries and enlisting in the military, but are told they are not mature enough to have a beer. By choosing to use fake IDs, students make ethical compromises that erode respect for the law.

HOW MANY TIMES MUST WE RELEARN THE LESSONS OF PROHIBITION?

We call upon our elected officials:

To support an informed and dispassionate public debate over the effects of the 21 year-old drinking age.

To consider whether the 10% highway fund incentive encourages or inhibits that debate.

To invite new ideas about the best ways to prepare young adults to make responsible decisions about alcohol.

We pledge ourselves and our institutions to playing a vigorous, constructive role as these critical discussions unfold.

~~~~~  
Please add my signature to this statement:

Name \_\_\_\_\_

Institution



## Appendix B

### Approval of Dissertation Study by CU Institutional Review Board



March 9, 2011

Dr. Pamela Havice  
Clemson University  
Department of Educational Leadership  
107 Tillman Hall  
Clemson, SC 29634

OFFICE OF  
RESEARCH COMPLIANCE

Clemson University  
321 Calhoun Drive  
Room 223 Brackett Hall  
Clemson, SC  
29634-5704

P 864-656-1525  
F 864-656-4475

SUBJECT: IRB Protocol # **IRB2010-263** entitled "**Perceptions of Chief Student Affairs Officers on the Minimum Legal Drinking Age**"

Dear Dr. Havice:

Your amendment submitted to the IRB (Institutional Review Board) on March 3, 2011, has been approved by expedited review procedures on **March 8, 2011**. Your approval remains through **November 2, 2011**, the expiration of your approval period.

No change in this approved research protocol can be initiated without the IRB's approval. This includes any proposed revisions or amendments to the protocol or consent form. Any unanticipated problems involving risk to subjects, any complications, and/or any adverse events must be reported to the Office of Research Compliance immediately. Please contact the office if your study has terminated or been completed before the identified review date.

The Clemson University IRB is committed to facilitating ethical research and protecting the rights of human subjects. Please contact the Office of Research Compliance at 656-6460 if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Laura A. Moll". The signature is fluid and cursive, with the first name "Laura" being more prominent than the last name "Moll".

Laura A. Moll, M.A., CIP  
IRB Administrator



October 26, 2011

Dr. Pamela Havice  
Clemson University  
Department of Educational Leadership  
307 Tillman Hall, Box 340710  
Clemson, SC 29634

Office of  
RESEARCH COMPLIANCE

Clemson University  
321 Calhoun Drive  
Room 223 Brackett Hall  
Clemson, SC  
29634-5704

P 864-656-1525  
F 864-656-4475

SUBJECT: IRB Protocol # **IRB2010-263** entitled "**Perceptions of Chief Student Affairs Officers on the Minimum Legal Drinking Age**"

Dear Dr. Havice:

The Institutional Review Board (IRB) of Clemson University reviewed the above-mentioned study using expedited review procedures. On the continuing review form, you indicated the status of this project is *enrollment closed – remaining research activities are limited to data analysis only*. Continuing approval for this study has been granted as of **October 20, 2011**.

Your approval period is **November 3, 2011 to November 2, 2012**. Your next continuing review is scheduled for October 2012. Please refer to the IRB number and title in communication regarding this study.

No change in this approved research protocol can be initiated without the IRB's approval. This includes any proposed revisions or amendments to the protocol. Any unanticipated problems involving risk to subjects, any complications, and/or any adverse events must be reported to the Office of Research Compliance immediately. Please contact the office if your study has terminated or been completed before the identified review date.

The Clemson University IRB is committed to facilitating ethical research and protecting the rights of human subjects. Please contact the Office of Research Compliance at 656-6460 if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Laura A. Moll".

Laura A. Moll, M.A., CIP  
IRB Administrator

[www.clemson.edu/research/compliance](http://www.clemson.edu/research/compliance)

## Appendix C

### Informed Consent Participant Form

Information Concerning Participation in a Research Study  
Clemson University

#### **Perceptions of Chief Student Affairs Officers on the Minimum Legal Drinking Age**

##### **Description of the Research and Your Participation**

You are invited to participate in a research study conducted by Dr. Pamela Havice, along with her doctoral student Rebecca Caldwell. The purpose of this research is to explore how chief student affairs officers perceive the effect of the Minimum Legal Drinking Age on their campus alcohol culture and prevention efforts.

Your participation will involve participating in an interview, as well as checking the transcript of that interview for accuracy. With your permission, this interview will be audio recorded. You can ask for that recording to be paused or terminated at any point in the interview.

The amount of time required for your participation will be 45 minutes for the interview, plus up to one additional hour to read and comment on the transcript. The recording of your interview will be stored on the researcher's password protected computer and that recording will be destroyed when we have agreed on the accuracy of the transcript.

##### **Risks and Discomforts**

There is a potential for risk for some participants if your opinions on the issue in question are publicly revealed. However, this risk is minimized by not collecting your signature on this consent document.

##### **Potential Benefits**

There are no known benefits to you that would result from your participation in this research. However, this research may help us to understand more about the role of the leadership of Chief Student Affairs Officers related to campus alcohol use.

##### **Protection of Confidentiality**

We will do everything we can to protect your privacy. Your identity will not be revealed in any publication that might result from this study. Records that include your name and the name of your institution will be kept in a locked file. No identifying information will

be part of the transcript of the interview. The recording of your interview will be destroyed after we mutually agree on the accuracy of the transcript.

In rare cases, a research study will be evaluated by an oversight agency, such as the Clemson University Institutional Review Board or the federal Office for Human Research Protections, that would require that we share the information we collect from you. If this happens, the information would only be used to determine if we conducted this study properly and adequately protected your rights as a participant.

### **Voluntary Participation**

Your participation in this research study is voluntary. You may choose not to participate and you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

### **Contact Information**

If you have any questions or concerns about this study or if any problems arise, please contact Dr. Pam Havice at Clemson University at 864-656-5121. If you have any questions or concerns about your rights as a research participant, please contact the Clemson University Office of Research Compliance (ORC) at 864-656-6460 or [irb@clemson.edu](mailto:irb@clemson.edu). If you are outside of the Upstate South Carolina area, please use the ORC's toll-free number, 866-297-3071.

A copy of this consent form will be given to you.

## Appendix D

### Interview Protocol

Thank you again for agreeing to be interviewed. This interview is part of a qualitative research project about the leadership of chief student affairs officers regarding alcohol-related issues on campus. You have read the information letter about the project. As noted in the letter, your identity and the identity of your institution will not be disclosed. Do you have any questions about that?

With your permission, this interview will be taped. You can feel free to ask me to turn off the tape recorder at any time. You can also skip or decline to answer any questions and end the interview at any time, if you choose. Is it okay for me to turn on the tape recorder now?

How long have you been in your position? Please tell me about your history of positions in higher education.

Please tell me a story about an alcohol-related issue you have had to address here.

Each campus has unique features to its alcohol culture. Tell me about how you perceive the alcohol culture on your campus.

Given that culture, how have you addressed issues about high-risk drinking as a chief student affairs officer?

Sub-prompt: Do you have a specific philosophy or guiding principles when addressing this issue?

How does your approach and/or philosophy about alcohol prevention and response relate to that of other institutional leaders, such as your president?

What do you perceive as the impact of the minimum legal drinking age on your work?

Were you in this position during the period of the summer and fall of 2008 when the Amethyst Initiative was announced? Can you talk a bit about what happened on this campus?

Sub-prompt: What types of conversations were had within the administration of this institution?

Sub-prompt: What conversations have you had with students about this?

If it was announced today, in 90 days that the drinking age would be lowered to 18 years old, what would you anticipate happening?

Sub-prompt: What would be positive about this?

Sub-prompt: What would be negative about this?

Would the above scenario change your approach to addressing high-risk drinking on this campus?

Thank you for your time. Once this interview is transcribed, I will send a copy to you to check for accuracy. You will find that the transcript will be blinded so that your identity and the identity of your institution will be protected. At that time, you can also feel free to add additional thoughts as well. If you have any questions in the meantime, feel free to contact me.



## Appendix E

### Pilot Study Interview Questions

1. How long have you been in your position? Please tell me about your history of positions in higher education.
2. Each campus has unique features to its alcohol culture. Tell me about how you perceive the alcohol culture here.
3. Please tell me a story about an alcohol-related issue you have had to address here.
4. Given that culture, how have you addressed issues about alcohol as a chief student affairs officer?
5. What do you perceive as the impact of the minimum legal drinking age on your work?
6. If it was announced today, in 90 days that the drinking age would be lowered to 18 years old, what would you anticipate happening?
  - a. Sub-prompt: What would be positive about this?
  - b. Sub-prompt: What would be negative about this?
7. Would the above scenario change your approach to addressing alcohol on this campus?

Appendix F

Approval of Pilot Study by CU Institutional Review Board



November 18, 2010

Dr. Pamela Havice  
Clemson University  
Department of Educational Leadership  
307 Tillman Hall, Box 340710  
Clemson, SC 29634

OFFICE OF  
RESEARCH COMPLIANCE

Clemson University  
321 Calhoun Drive  
Room 223 Brackett Hall  
Clemson, SC  
29634-5704

P 864-656-1525  
F 864-656-4475

SUBJECT: IRB Protocol # **IRB2010-263**, entitled "**Perceptions of Chief Student Affairs Officers on the Minimum Legal Drinking Age**"

Dear Dr. Havice:

The Institutional Review Board (IRB) of Clemson University reviewed the above-mentioned study using Expedited review procedures and has recommended approval. Approval for this study has been granted as of **November 3, 2010**. Please find enclosed with this letter your original, stamped consent document to be used with this protocol.

Your approval period is **November 3, 2010 to November 2, 2011**. Your continuing review is scheduled for October 2011. Please refer to the IRB number and title in communication regarding this study. Attached are handouts regarding the Principal and Co-Investigators' responsibilities in the conduct of human research. The Co-Investigator responsibilities handout should be distributed to all members of the research team. The Principal Investigator is also responsible for maintaining all signed consent forms (if applicable) for at least three (3) years after completion of the study.

No change in this approved research protocol can be initiated without the IRB's approval. This includes any proposed revisions or amendments to the protocol or consent form. Any unanticipated problems involving risk to subjects, any complications, and/or any adverse events must be reported to the Office of Research Compliance immediately. Please contact the office if your study has terminated or been completed before the identified review date.

The Clemson University IRB is committed to facilitating ethical research and protecting the rights of human subjects. Please contact the Office of Research Compliance at 656-6460 if you have any questions.

Sincerely,

A handwritten signature in blue ink, reading "Laura A. Moll".

Laura A. Moll, M.A., CIP  
IRB Administrator

Enclosures

## REFERENCES

- Alcoholism & Drug Abuse Weekly. (2008, September 8). College presidents call for a debate on lowering the drinking age to 18. *Alcoholism & Drug Abuse Weekly*, 20(34), 1-3.
- Allen, E. J. (2003). Constructing women's status: Policy discourses of university women's commission reports. *Harvard Educational Review*, 73, 44-72.
- Allen, E. J., Gordon, S. P., & Iverson, S. V. (2006). Re/thinking practices of power: The discursive framing of leadership in The Chronicle of Higher Education. *Review of Higher Education*, 30, 41-68.
- American Association of State Highway and Transportation Officials. (2009). *State Safety Partners Authorization Proposals*. Retrieved from <http://www.transportation.org/sites/scohts/>
- Amethyst Initiative: Signatories. (2012). Retrieved January 28, 2012, from <http://www.amethystinitiative.org/signatories/>
- Amethyst Initiative: Statement. (2008). Retrieved from <http://www.amethystinitiative.org/statement/>
- Asch, P., & Levy, D. T. (1990). Young driver fatalities: The roles of drinking age and drinking experience. *Southern Economics Journal*, 57(1), 512-20.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Barnett, N. P., Tevyaw, T. O., Fromme, K., Bosari, B., Carey, K. B., & Corbin, W. R. (2004). Brief alcohol interventions with mandated or adjudicated college students, *Alcoholism, Clinical and Experimental Research*, 28, 966-976.
- Bass, J. H. (2006). Vice president for student affairs and dean of students: Is it possible to do it all? In S.B. Westfall (Ed.), *New Directions for Student Services*, no. 116, (pp. 45-52). San Francisco: Jossey-Bass. doi:10.1002/ss.224
- Bensimon, E. M. (1989). The meaning of good presidential leadership. *Review of Higher Education*, 12(2), 107-123.
- Bevir, M., & Rhodes, R. A. W. (2003). *Interpreting British Governance*. London: Routledge.

- Bickel, R. D., & Lake, P. F. (1999). *The rights and responsibilities of the modern university: Who assumes the risks of college life?* Durham, NC: Carolina Academics Press.
- Bohman, J. (1996). *Public Deliberation: Pluralism, Complexity, and Democracy*. Cambridge, MA: MIT Press.
- Bosari, B., & Carey, K. B. (2005). Two brief alcohol interventions for mandated college students. *Psychology of Addictive Behaviors*, 19, 296-302.
- Broughton, E. A., & Molasso, W. R. (2006). College drinking: Content analysis of 30 years of research. *Journal of College Student Development*, 47(6), 609-627.
- Brown, C. L. (1997). The chief student affairs officer and leadership effectiveness: Five areas for thought. *College Student Journal*, 31(4), 545-551.
- Butler, L. H., & Correia, C. J. (2009). Brief alcohol intervention with college student drinkers: Face-to-face versus computerized feedback. *Psychology of Addictive Behaviors*, 23(1), 163-167.
- Campbell, C. A., Hahn, R. A., Elder R., Brewer, R., Chattopadhyay, S., Fielding, J., Hingson, R., & Naimi, T., et al. (2009). The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *American Journal of Preventive Medicine*, 37(6), 556-569.
- Carey, K. B., Scott-Sheldon, L., Carey, M. P., & DeMartini, K. S. (2007). Individual-level interventions to reduce college student drinking: a meta-analytic review. *Addictive Behaviors*, 32(11), 2469-2494.
- Carnegie Foundation for the Advancement of Teaching. (2011). *The Carnegie Classification of Institutions of Higher Education: About the Carnegie Classifications*. Retrieved from <http://classifications.carnegiefoundation.org/>
- Carpenter, C. S., Kloska, D. D., O'Malley, P., & Johnston, L. (2007). Alcohol control policies and youth alcohol consumption: Evidence from 28 years of monitoring the future. *The B.E. Journal of Economic Analysis & Policy*, 7(1), 1-21. doi:10.2202/1935-1682.1637
- Carroll, J. (2007, July 27). Most Americans oppose lowering legal drinking age to 18 nationwide. *The Gallup Poll*. Retrieved from <http://www.gallup.com/poll/28237/Most-Americans-Oppose-Lowering-Legal-Drinking-Age-Nationwide.aspx>

- Centers for Disease Control and Prevention. (2011). *Policy impact: Impaired driving*. Retrieved from <http://www.cdc.gov/motorvehiclesafety/alcoholbrief/>
- Centers for Disease Control and Prevention. (2012, January 13). Vital signs: Binge drinking prevalence, frequency, and intensity among adults — United States, 2010. *MMRW: Morbidity and Mortality Weekly Report*, 61(1), 14-19.
- Chaloupka, F. J., Grossman, M., & Saffer, H. (1998). The effects of price on the consequences of alcohol use and abuse. In Galanter, M. (Ed.), *Recent Developments in Alcoholism, Vol. 16, The Consequences of Alcohol*. (pp. 331-346). New York: Plenum Press.
- Clapp, J. D., Johnson, M., Voas, R. B., Lange, J. E., Shillington, A., & Russell, C. (2005). Reducing DUI among US college students: Results of an environmental prevention trial. *Addiction*, 100, 327-334.
- Clarke, S. E. (2007). Context-sensitive policy methods. In F. Fischer, G.J. Miller, & M.S. Sidney (Eds.), *Handbook of Public Policy Analysis: Theory, Politics, and Methods* (pp. 443-463). Boca Raton, FL: CRC Press.
- Clement, L. M., & Rickard, S. T. (1992). *Effective leadership in student services: Voices from the field*. San Francisco: Jossey-Bass.
- Creswell, J. W. (2008). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3<sup>rd</sup> Ed.). Los Angeles, CA: Sage.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Thousand Oaks, CA: Sage.
- Davis, J. S. (2002). *Perceptions of critical skills of chief student affairs officers*. (Doctoral dissertation). *Dissertation Abstracts International*, 63(11), 3874.
- Dawson, D. A., Grant, B. F., Stinson, F. S., & Chou, P. S. (2004). Another look at heavy episodic drinking and alcohol use disorders among college and noncollege youth. *Journal of Studies on Alcohol*, 64(4), 477-488.
- Dee, T. S., & Evans, N. (2001). Behavioral policies and teen traffic safety. *American Economic Review*, 91(2), 91-96.

- DeJong, W., & Langford, L. M. (2002). A typology for campus-based alcohol prevention: Moving toward environmental management strategies. *Journal of Studies on Alcohol, Supplement No. 14*, 140-147.
- DeJong, W., Larimer, M. E., Wood, M. D., & Hartman, R. (2009). NIAAA's rapid response to college drinking problems initiative: Reinforcing the use of evidence-based approaches in college alcohol prevention. *Journal of Studies on Alcohol and Drugs, Supplement No. 16*, 5-11.
- DeJong, W., Schneider, S. K., Towvim, L. G., Murphy, M. J., Doerr, E. E., & Simonsen, N. R., et al. (2006). A multisite randomized trial of social norms marketing campaigns to reduce college student drinking. *Journal of Studies on Alcohol*, 67(6), 868-879.
- DeJong, W., Schneider, S. K., Towvim, L. G., Murphy, M. J., Doerr, E. E., & Simonsen, N. R., et al. (2009). A multisite randomized trial of social norms marketing campaigns to reduce college student drinking: A replication failure. *Substance Abuse*, 30(2), 127-140.
- DeJong, W., Vince-Whitman, C., Colthurst, T., Cretella, M., Gilbreath, M., Rosata, M., & Zweig, K. (1998). *Environmental management: A comprehensive strategy for reducing alcohol and other drug use on college campuses*. Boston, MA: Higher Education Center for Alcohol and Other Drug Prevention.
- Dewan, S. (2008, August 22). 2 withdraw from petition to rethink drinking age. *New York Times*. Retrieved from <http://www.nytimes.com>
- Dimeff, L. A., Marlatt, G. A., Kivlahan, D. R., & Baer, J. S. (1999). *Brief alcohol screening and intervention for college students: A brief motivational approach*. New York: Guilford Press.
- Dryzek, J. S. (1990). *Discursive Democracy*. Cambridge: Cambridge University Press.
- Elder, R. W., Lawrence, B., Ferguson, A., Naimi, T. S., Brewer, R. D., Chattopadhyay, S. K., Toomey, T. L., & Fielding, J. E. (2010). The effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms. *American Journal of Preventive Medicine*, 38(2), 217-229.
- Elliott, J. C., Carey, K. B., & Bolles, J. R. (2008). Computer-based interventions for college drinking: A qualitative review. *Addictive Behaviors*, 33(8), 994-1005.

- Fell, J. C. (2008, October). *An examination of the criticisms of the Minimum Legal Drinking Age 21 laws in the United States from a traffic-safety perspective*. Washington, DC: National Highway Safety Transportation Board. Retrieved from <http://www.nhtsa.dot.gov>
- Fell, J. C., Fisher D. A., Voas, R. B., Blackman, K., & Tippetts, A. S. (2008). The relationship of underage drinking laws to reductions in drinking drivers in fatal crashes in the United States. *Accident Analysis & Prevention*, 40, 1430-1440.
- Fell, J. C., Fisher D. A., Voas, R. B., Blackman, K., & Tippetts, A. S. (2009). The impact of underage drinking laws on alcohol-related fatal crashes of young drivers. *Alcoholism: Clinical & Experimental Research*, 33(7), 1208-1219.
- Fischer, F. (2003). *Reframing Public Policy: Discursive Politics and Deliberative Practices*. Oxford, England: Oxford University Press.
- Fisher, D. A. (2000). *Environmental strategies to prevention alcohol problems on college campuses*. Calverton, MD: Pacific Institute for Research and Evaluation.
- Flagstad-Kramer, L. L. (1997). *Characteristics and dimensions of alcohol education on college campuses: A qualitative study* (doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 9729058)
- Fleming, M. F., Balousek, S. L., Grossberg, P. M., Mundt, M. P., Brown, D., Wiegel, J. R., Zakletskaia, L. I., & Saewyc, E. M. (2010). Brief physician advice for heavy drinking college students: A randomized controlled trial in college health clinics. *Journal of American College Health*, 58(3), 187-194.
- Fromme, K., & Corbin, W. R. (2004). Prevention of heavy drinking and associated negative consequences among mandated and voluntary college students. *Journal of Consulting and Clinical Psychology*, 72, 1038-104.
- Gee, J. P. (2005). *An introduction to discourse analysis: Theory and Method* (2<sup>nd</sup> ed). New York: Routledge.
- Gee, J. P. (2011). *How to do Discourse Analysis: A toolkit*. New York: Routledge.
- Geertz, C. (1973), Thick description: Toward an interpretive theory of culture. In C. Geertz (Ed.), *The Interpretation of Cultures* (pp. 3-32). New York: Basic Books.
- Glanz, K., & Bishop, D. B. (2010). The role of behavioral science theory in development and implementation of public health interventions. *Annual Review of Public Health*, 31, 399-418. doi:10.1146/annurev.publhealth.012809.103604.



- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.
- Glassman, T. (2002). The failure of higher education to reduce the binge drinking rate. *Journal of American College Health*, 51(3), 143-144.
- Glesne, C. (2006). *Becoming qualitative researchers: An introduction* (3<sup>rd</sup> ed). Boston: Pearson Education.
- Goldstein, S. L. (2007). *Do you lead how I lead? Exploring the relationship between chief student affairs officers' and chief academic officers' perceptions of essential leadership characteristics and practices* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3277645)
- Goodhart, F. W., Lederman, L. C., Stewart, L. P., & Laitman, L. (2003). Binge drinking: Not the word of choice. *Journal of American College Health*, 52(1), 44-46.
- Governors Highway Safety Association. (2009). *State Highway Safety Group Calls for Paradigm Shift in Safety Discussion*. Retrieved from <http://www.reuters.com/article/pressRelease/idUS151807+03-Mar-2009+PRN20090303>
- Gruca, R. A., Norberg, K. E., & Bierut, L. J. (2009). Binge drinking among youths and young adults in the United States: 1979-2006. *Journal of the American Academy of Child & Adolescent Psychiatry*, 48(7), 692-702.
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth Generation Evaluation*. Newberry Park, CA: Sage.
- Hajer, M. A. (1993). Discourse coalitions and the institutionalization of practice: The case of acid rain in Great Britain. In Fischer & Forester (Eds.), *The Argumentative Turn in Policy Analysis and Planning* (pp. 43-71). Durham, NC: Duke University Press.
- Heida, D. E. (2006). The student affairs portfolio in small colleges. In S.B. Westfall (Ed.), *New Directions for Student Services*, no. 116, (pp. 15-29). San Francisco: Jossey-Bass.
- Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention. (2002). *Prevention update: Environmental management: An approach to alcohol and other drug prevention*. Newton, MA: Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention.

- Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention. (2010). *What's the actual definition of binge drinking/high-risk drinking?* Retrieved from <http://higheredcenter.org/services/assistance/faq/what%E2%80%99s-actual-definition-binge-high-risk-drinking>.
- Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention. (2011). *Prevention update: The age 21 minimum legal drinking age law*. Newton, MA: Author.
- Hingson, R. W. (2009). Commentary: The legal drinking age and underage drinking in the United States. *Archives of Pediatric & Adolescent Medicine*, 163(7), 598-600.
- Hingson, R. W. (2010). Magnitude and prevention of college drinking and related problems. *Alcohol Research & Health*, 33 (1&2), 45-54.
- Hingson, R. W., Zha, W., & Weitzman, E. R. (2009). Magnitude of and trends in alcohol-related mortality and morbidity among U.S. college students ages 18-24, 1998 to 2005. *Journal of Studies on Alcohol, Supp. No. 16*, 12-20.
- Hoover, E. (2008, November 7). For MADD, the legal drinking age is not up for debate. *Chronicle of Higher Education*, 55(11), A1-A3.
- Inaba, D.S. (2008, November). *Amethyst Initiative: Movement to lower the U.S. drinking age*. Retrieved from <http://www.cnsproductions.com/drugeducationblog/in-the-news/67/>
- Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2008). *Monitoring the Future national survey results on drug use, 1975-2007. Volume II: College students and adults ages 19-45* (NIH Publication No. 08-6418B). Bethesda, MD: National Institute on Drug Abuse
- Kekes, J. (1993). *The Morality of Pluralism*. Princeton, NJ: Princeton University Press.
- Keller, A., Frye, L., Bauerle, J., & Turner, J. C. (2009). Legal ages for purchase and consumption of alcohol and heavy drinking among college students in Canada, Europe, and the United States. *Substance Abuse*, 30, 248-252.
- Knight, J. R., Harris, S. K., Sherritt, L., Kelley, K., Van Hook, S., & Wechsler, H. (2003). Heavy drinking and alcohol policy enforcement in a statewide public college system. *Journal of Studies on Alcohol*, 64(5), 696-703.

- Knight, J. R., Wechsler, H., Keo, M., Seibring, M., Weitzman, E. R., & Shuckit, M. A. (2002). Alcohol abuse and dependence among U.S. college students. *Journal of Studies on Alcohol*, 63, 263-270.
- Kypri, K. (2006). Minimum purchasing age for alcohol and traffic crash Injuries among 15- to 19-year-olds in New Zealand. *American Journal of Public Health*, 96(1), 126-131.
- LaBrie, J. W., Huchting, K. K., Lac, A., Tawalbeh, S., Thompson, A. D., & Larimer, M. E. (2009). Preventing risky drinking in first-year college women: Further validation of a female-specific motivational-enhancement group intervention. *Journal of Studies on Alcohol, Supp. No. 16*, 77-85.
- Larimer, M. E., & Cronce, J. M. (2002). Identification, prevention, and treatment: A review of individual-focused strategies to reduce problematic alcohol consumption by college students. *Journal of Studies on Alcohol, Supp. No. 14*, 148-163.
- Larimer, M. E., & Cronce, J. M. (2007). Identification, prevention, and treatment revisited: Individual-focused college drinking prevention strategies, 1999-2006. *Addictive Behaviors*, 32(11), 2439-2468.
- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, 2(3), 21-35
- Liang, L., & Huang, J. D. (2008). Go out or stay in? The effects of zero tolerance laws on alcohol use and drinking and driving patterns among college students. *Health Economics*, 17(11), 1261-1275.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Beverly Hills: Sage.
- Lincoln, Y. S., & Guba, E. G. (2003). Paradigmatic controversies, contradictions, and emerging confluences. In N. Denzin & Y. Lincoln (Eds.), *The landscape of qualitative research: Theories and issues* (2nd ed., pp. 253-291). Thousand Oaks, CA: Sage.
- Loftland, J., & Loftland, L. (1995). *Analyzing Social Settings: A Guide to Qualitative Analysis* (3<sup>rd</sup> ed). Belmont, CA: Wadsworth.
- Lovell, C. D., & Kosten, L. A. (2000). Skills, knowledge, and personal traits necessary for success as a student affairs administrator: A meta-analysis of thirty years of research. *NASPA Journal*, 37(4), 553-571.

- Males, M. (1986). Minimum purchase age for alcohol and young-driver fatal crashes: a long-term view. *Journal of Legal Studies*, 15, 181–211.
- Males, M. (2008). Should California Reconsider Its Legal Drinking Age? *California Journal of Health Promotion*, 6(2), 1-11.
- Maxwell, J. A. (2004). Using qualitative methods for causal explanation. *Field Methods*, 16, 243-264.
- McCardell, J. (2004, September 13). What your college president didn't tell you. *The New York Times*. Retrieved from <http://www.nytimes.com>
- McCartt, A. T., Hellinga, L. A., & Wells, J. K. (2009). Effects of a college community campaign on drinking and driving with a strong enforcement component. *Traffic Injury Prevention*, 10(2), 141–147.
- McDaniel, E. A. (2002). Senior leadership in higher education: An outcomes approach. *Journal of Leadership & Organizational Studies*, 9, 80-88.
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15, 351-377.
- Mental Health Weekly Digest*. (August 2, 2010). Alcoholism: U of M researchers find little action on recommendations aimed to curb college drinking. p. 45. (newsletter)
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative Data Analysis*. Thousand Oaks, CA: Sage.
- Miron, J. A., & Teitelbaum, E. (2009). Does the minimum legal drinking age save lives? *Economic Inquiry*, 47(2), 317-336.
- Moreira, M. T., Smith, L. A., & Foxcroft, D. (2009). Social norms interventions to reduce alcohol misuse in university or college students (review). *Cochrane Database of Systematic Reviews* (3):CD006748.
- Morse, J. M. (1995). The significance of saturation. *Qualitative Health Research*, 5, 147-149.
- Muhlenfeld, E. (2008). Seeking a drinking age debate. *University Business*, 11(10), 53-54.

- National Institute on Alcohol Abuse and Alcoholism (NIAAA), Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism. (2002). *A Call to Action: Changing the Culture of College Drinking at U.S. Colleges* (NIH publication no. 02-5010). Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services (DHHS).
- NIAAA. (2007). *What Colleges Need to Know Now; An Update on College Drinking Research* (NIH publication no. 07-5010). Bethesda, MD: National Institutes of Health, DHHS.
- Neighbors, C., Lewis, M. A., Atkins, D. C., Jensen, M. M., Walter, T., Fossos, N., Lee, C., & Larimer, M. E. (2010). Efficacy of web-based personalized normative feedback: A two-year randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 78(6), 898-911.
- Nelson, T. B., Toomey, T. L., Lenk, K. M., Erickson, D. J., & Winters, K. C. (2010). Implementation of NIAAA college drinking task force recommendations: How are colleges doing 6 years later? *Alcoholism: Clinical and Experimental Research*, 34(10), 1687-1693.
- Norberg, K. E., Bierut, L. J., & Grucza, R. A. (2009). Long-term effects of minimum drinking age laws on past-year alcohol and drug use disorders. *Alcoholism: Clinical and Experimental Research*, 33(12), 2180-2190.
- N vivo qualitative data analysis software* (Version 9) [computer software]. Cambridge, MA: QSR International (Americas) Inc.
- Oblander, D. A. (2006). Student affairs staffing in the small college. In S.B. Westfall (Ed.), *New Directions for Student Services*, no. 116, (pp. 31-44). San Francisco: Jossey-Bass.
- O'Malley, P. M., & Johnston, L. D. (2002). Epidemiology of alcohol and other drug use among American college students. *Journal of Studies on Alcohol, Supp. No. 14*, 23-39.
- Palm, R. P. (1985). Student personnel administration at the small college. *NASPA Journal*, 22(3), 48-54.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3<sup>rd</sup> ed.) Thousand Oaks, CA: Sage.
- Perkins, H. W. (2002). Social norms and the prevention of alcohol misuse in collegiate contexts. *Journal of Studies on Alcohol, Supp. No. 14*, 164-172.

- Presidents Leadership Group. (1997). *Be vocal, be visible, be visionary: Recommendations for college and university presidents on alcohol and other drug prevention*. Newton, MA: The Higher Education Center for Alcohol and Other Drug and Violence Prevention.
- Presseur, D., Ulmer, R., & Presseur, C. (1992). *Obstacles to enforcement of youthful (under 21) impaired driving*. Washington, DC: National Highway Traffic Safety Administration.
- Ponicki, W. R., Gruenewald, P. J., & LaScala, E. A. (2007). Joint impacts of minimum legal drinking age and beer taxes on US youth traffic fatalities, 1975 to 2001. *Adolescent Clinical Experimental Research*, 31(5), 804-813.
- Rasul, J. W., Rommel, R. G., Jacquez, G. M., Fitzpatrick, B. G., Ackleh, A. S., Simonsen, N., & Scribner, R. A. (2011). Heavy episodic drinking on college campuses: Does changing the legal drinking age make a difference? *Journal of Studies on Alcohol & Drugs*, 72, 15-23.
- Safe and Drug-Free Schools and Communities Act*, Title IV, Part A, Subpart 1, Elementary and Secondary Education Act of 1965, as amended by the No Child Left Behind Act of 2001, Pub. L. 107- 110, 20 U.S.C. § 6319 (2001).
- Sallis, J. F., Owen, N., & Fisher, E. B. (2008). Ecological models of health behavior. In K. Glanz, B.K. Rimer, & K. Viswanath. (2008). *Health behavior and health education: Theory, research, & practice*. (4<sup>th</sup> Ed., pp. 464-485). San Francisco: Jossey-Bass.
- Saltz, R. F., Welker, L. R., & Paschall, M. J., et al. (2009). Evaluating a comprehensive campus-community prevention intervention to reduce alcohol-related problems in a college population. *Journal of Studies on Alcohol and Drugs, Supp. No. 16*, 21–27.
- Sandeen, A. (1991). *The chief student affairs officer: Leader, manager, mediator, educator*. San Francisco, CA: Jossey-Bass.
- Sandeen, A. (2001). *Making a difference: Profiles of successful student affairs leaders*. Washington, D.C.: National Association of Student Personnel Administrators.
- Sandeen, A. (2004). Educating the whole student: The growing academic importance of Student Affairs. *Change*, 36, 28-34.
- Sandeen, A. & Barr, M. J. (2006). *Critical issues in student affairs*. San Francisco: Jossey-Bass.

- Schaus, J. F., Sole, M. L., McCoy, T. P., Mullett, N., Bolden, J., Sivasithamparam, J., & O'Brien, M. C. (2009). Screening for high-risk drinking in a college student health center: Characterizing students based on quantity, frequency, and harms. *Journal of Studies on Alcohol, Supp. No. 16*, 34-44.
- Schwandt, T. A. (1997). Evaluation as practical hermeneutics. *Evaluation*, 3(1), 69-83.
- Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social constructionism. In N.K. Denizen & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (2<sup>nd</sup> ed., pp. 189-213). Thousand Oaks, CA: Sage.
- Schwartz, R. A. (2003). The Rise and Demise of Deans of Men. *Review of Higher Education*, 26(2), 217-239.
- Scribner, R., Ackleh, A. S., Fitzpatrick, B. G., Jacquez, G. M., Thibodeaux, J. J., Rommel, R., & Simonsen, N. (2009). A systems approach to college drinking: Development of a deterministic model for testing alcohol control policies. *Journal of Studies on Alcohol and Drugs*, 70, 805-821.
- Shults, R. A., Elder, R. W., Sleet, D. A., Nichols, J. L., Alao, M. O., Carande-Kulis, V. G., Zaza, S., Sosin, D. M., & Thompson, R. S. (2001). Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *American Journal of Preventive Medicine*, 21(4S), 66-88.
- Schon, D. A., & Rein, M. (1994). *Frame reflection*. New York: Basic Books.
- Slutske, W. S., Hunt-Carter, E. E., Nabors-Oberg, R. E., Sher, K. J., Bucholz, K. K., Madden, P. A. F., Anokhin, A., & Heath, A. C. (2004). Do college students drink more than their non-college-attending peers? Evidence from a population-based longitudinal female twin study. *Journal of Abnormal Psychology*, 113(4), 530-540.
- Smith, Z. A., & Wolverson, M. (2010). Higher education leadership competencies: Quantitatively refining and qualitative model. *Journal of Leadership & Organizational Studies*, 17, 61-70.
- Sober Truth on Preventing Underage Drinking Act*, Pub. L. No. 109-422, 120 Stat. 428 (2006).

- Southern Illinois University Carbondale, CORE Institute. (2008). *Executive summary: CORE alcohol and drug survey- long form, 2008 annual data*. Retrieved from <http://www.core.siuc.edu/pdfs/report08.pdf>
- Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10(4), 282-298.
- Tederman, J. S. (1997). *Advice from the Dean: A personal perspective on the philosophy, role, and approaches on a dean at a small, private, liberal arts college*. Washington, D.C.: National Association of Student Personnel Administrators.
- Toomey, T. L., Lenk, K. M., & Wagenaar, A. C. (2007). Environmental Policies to Reduce College Drinking: An Update of Research Findings. *Journal of Studies on Alcohol*, 68, 208-219.
- Toomey, T. L., Nelson, T. F., & Lenk, K. M. (2009). The age-21 minimum legal drinking age: a case study linking past and current debates. *Addiction*, 104, 1958-1965.
- University of Michigan. (2011). *Monitoring the Future: A continuing study of American youth*. Retrieved from <http://monitoringthefuture.org/>
- U.S. Department of Health and Human Services. (2007). *The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking*. Washington, DC: Department of Health and Human Services, Office of the Surgeon General.
- van Dijk, T. (1997). *Discourse as structure and process*. Thousand Oaks, CA: Sage.
- Voas, R. B., & Fell, J. C. (2010). Preventing alcohol-related problems through health policy reform. *Alcohol Research & Health*, 33(1&2), 18-28.
- Voas, R. B., Tippetts, A. S., & Fell, J. (2000). The relationship of alcohol safety laws to drinking drivers in fatal crashes. *Accident Analysis and Prevention*, 32(4), 483-492.
- Wagenaar, A. C., Murray, D. M., & Toomey, T. L. (2000). Communities Mobilizing for Change on Alcohol (CMCA): Effects of a randomized trial on arrests and traffic crashes. *Addiction*, 95(2), 209-217.
- Wagenaar, A. C., O'Malley, P. M., & LaFond, C. (2001). Lowered legal blood alcohol limits for young drivers: Effects on drinking, driving, and driving-after-drinking behaviors in 30 states. *American Journal of Public Health*, 91(5), 801-804.



- Wagenaar, A. C., Salois, M. J., & Komro, K. A. (2009). Effects of beverage alcohol price and tax levels on drinking: A meta-analysis of 1003 estimates from 112 studies. *Addiction, 104*(2), 179–190.
- Wagenaar, A. C., & Toomey, T. L. (2002). Effects of minimum legal drinking age laws: Review and analysis of the literature from 1960 to 2000. *Journal of Studies on Alcohol, Supp. 14*, 206-225.
- Wagenaar, H. (2002). Value pluralism in public administration: Two perspectives on administrative morality. In J.S. Jun (Ed.), *Rethinking Administrative Theory. The Challenge of the New Century* (pp. 105-130). Westport, CT: Praeger.
- Wagenaar, H. (2007). Interpretation and intentionality in policy analysis. In F. Fischer, G.J. Miller, & M.S. Sidney (Eds.), *Handbook of Public Policy Analysis: Theory, Politics, and Methods* (pp. 429-442). Boca Raton, FL: CRC Press.
- Weitzman, E. R., Nelson, T. F., Lee, H., & Wechsler, H. (2004). Reducing drinking and related harms in college: Evaluation of the ‘A Matter of Degree’ program. *American Journal of Preventive Medicine, 27*, 187-196.
- Wechsler, H. (1996). Alcohol and the American college campus: A report from the Harvard School of Public Health. *Change, 28*(4), 20-25.
- Wechsler, H., Lee, J. E., Kuo, M., Seibring, M., Nelson, T. F. & Lee, H. (2002). Trends in college binge drinking during a period of increased prevention efforts: Findings from 4 Harvard School of Public Health College Alcohol Study surveys, 1993-2001. *Journal of American College Health, 50*(5), 203-217.
- Wechsler, H., & Nelson, T. F. (2008). What we have learned from the Harvard School of Public Health College Alcohol Survey: Focusing attention on college student alcohol consumption and the environmental conditions that promote it. *Journal of Studies on Alcohol and Drugs, 69*(4), 481-490.
- Wechsler, H., & Nelson, T. F. (2010). Will increasing alcohol availability by lowering the minimum legal drinking age decrease drinking and related consequences among youths? *American Journal of Public Health, 100*(6), 986-992.
- Wechsler, H., Seibring, M., Liu, I. C., & Ahl, M. (2004). Colleges respond to student binge drinking: Reducing student demand or limiting access. *Journal of American College Health, 52*(4), 159-168.
- Wechsler, H. & Wuethrich, B. (2002). *Dying to drink: Confront binge drinking on college campuses*. Emmaus, PA: Rodale Books.

- Westfall, S. B. (2006). Charting the Territory: The Small College Dean. In S.B. Westfall (Ed.), *New Directions for Student Services*, no. 116, (pp. 5-13). San Francisco: Jossey-Bass.
- White, H. R., Morgan, T. J., Pugh, L. A., Celinska, K., Labouvie, E. W., & Pandina, R. J. (2006). Evaluating two brief substance-use interventions for mandated college students. *Journal of Studies on Alcohol*, 67, 309-317.
- Wood, M. D., DeJong, W., Fairlie, A. M., Lawson, D., Lavigne, A. M., & Cohen, F. (2009). Common Ground: An investigation of environmental management alcohol prevention initiatives in a college community. *Journal of Studies on Alcohol, Supp. No. 16*, 96-105.
- Women's Health Weekly. (July 15, 2009). *Washington University School of Medicine: Higher drinking age linked to less binge drinking...except in college students*. p. 312. (newsletter).
- Yanow, D. (1993). The communication of policy meanings: Implementation as interpretation and text. *Political Sciences*, 26(1), 41-61.
- Yanow, D. (1995). Practices of policy interpretation. *Policy Sciences*, 28, 111-126.
- Yanow, D. (1996). *How does a policy mean? Interpreting policy and organizational actions*. Washington, DC: Georgetown University Press.
- Yanow, D. (2000). *Conducting interpretive policy analysis. Sage University Papers Series on Qualitative Research Methods, Vol. 47*. Thousand Oaks, CA: Sage.
- Yanow, D. (2007). Interpretation in policy analysis: On methods and practice. *Critical Policy Studies*, 1, 110-122.